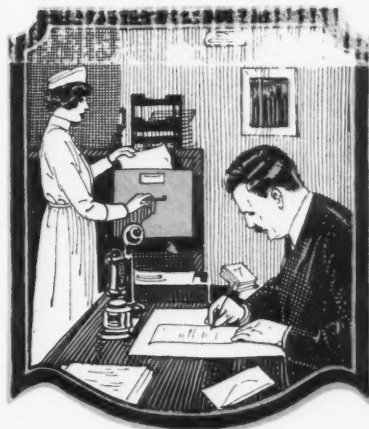


THE Canadian Hospital

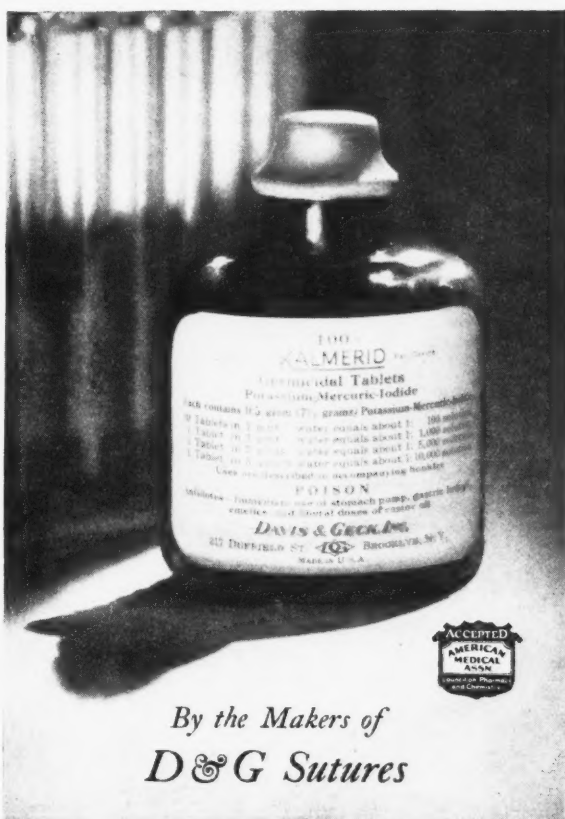
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Toronto, Can.

The Edwards Publishing Company

April, 1932



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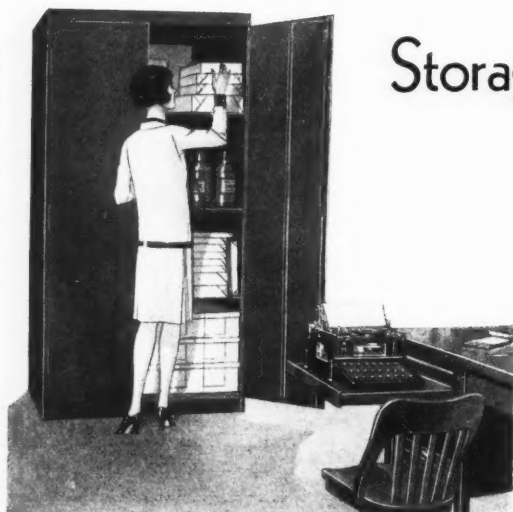
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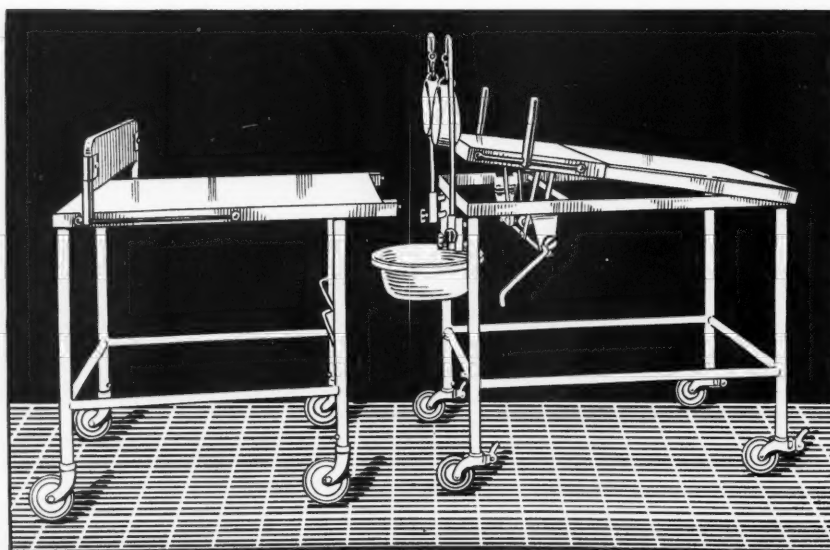
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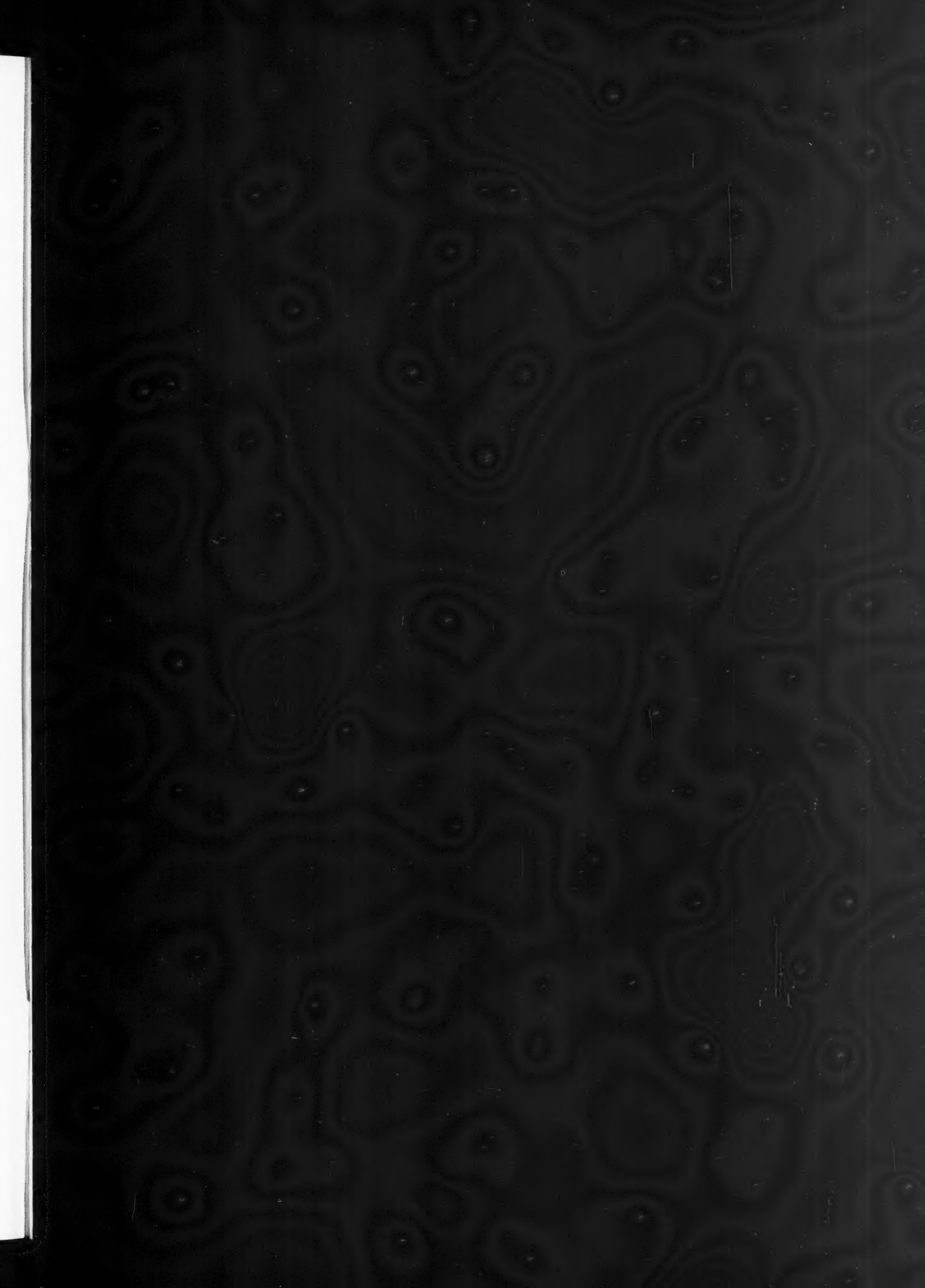
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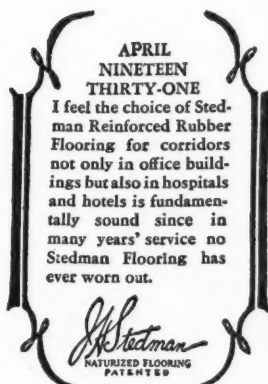
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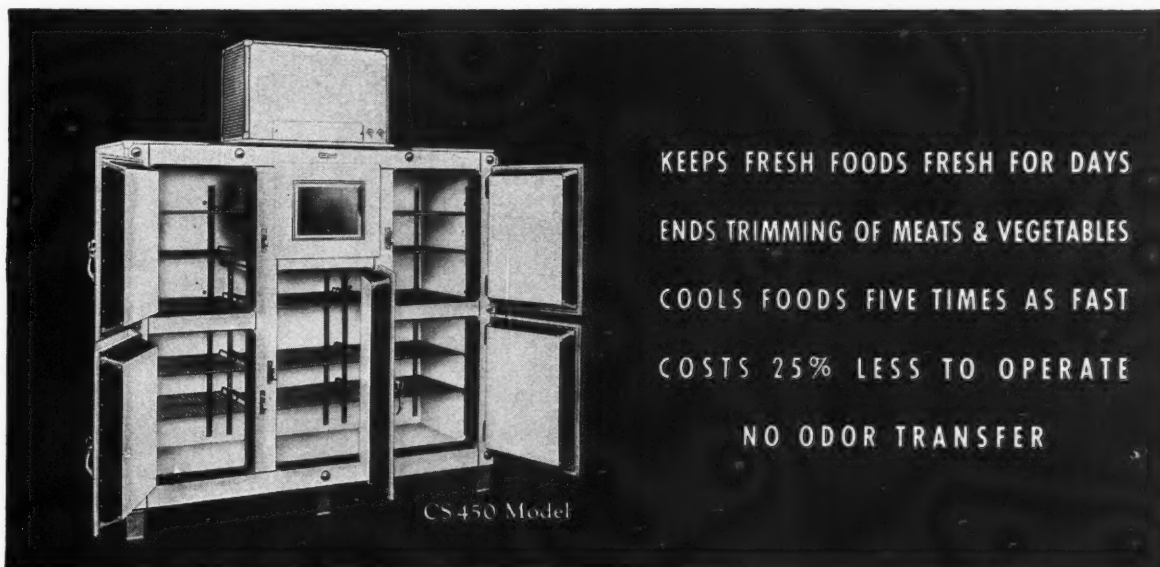
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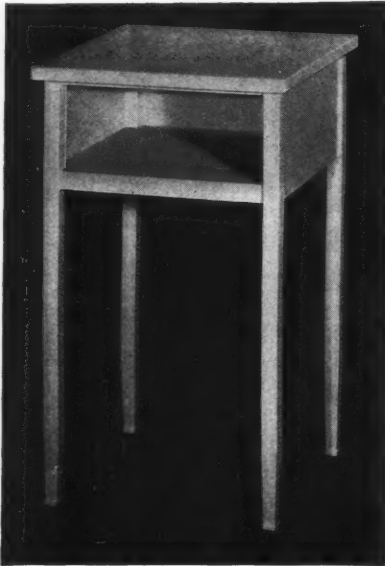
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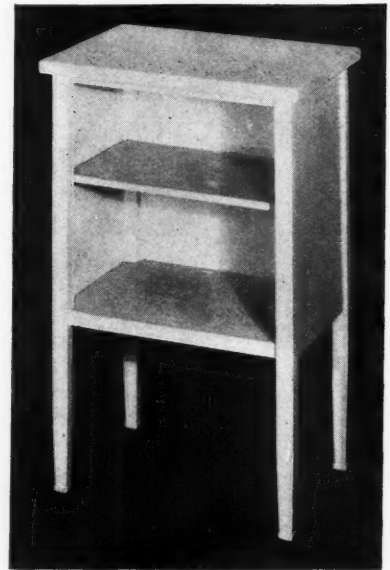
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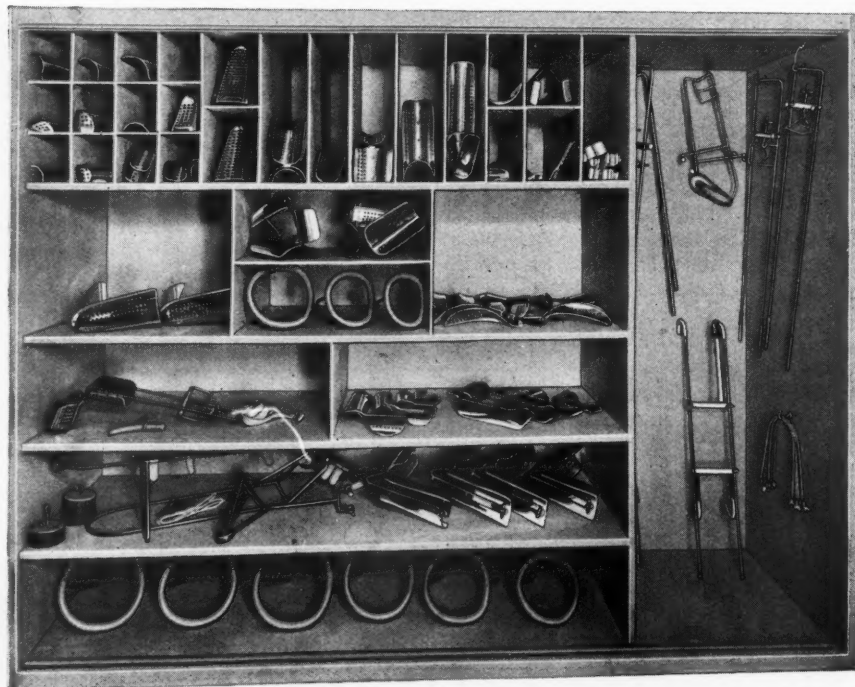
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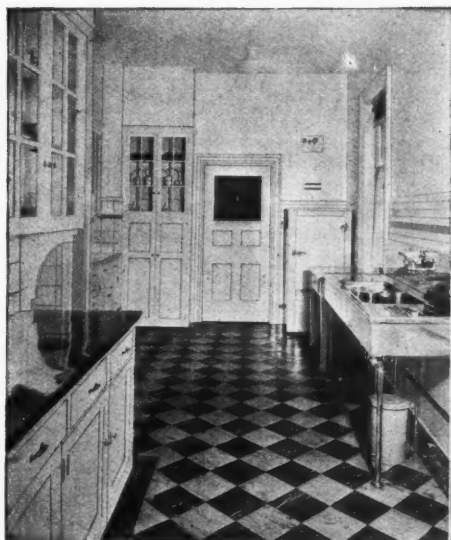
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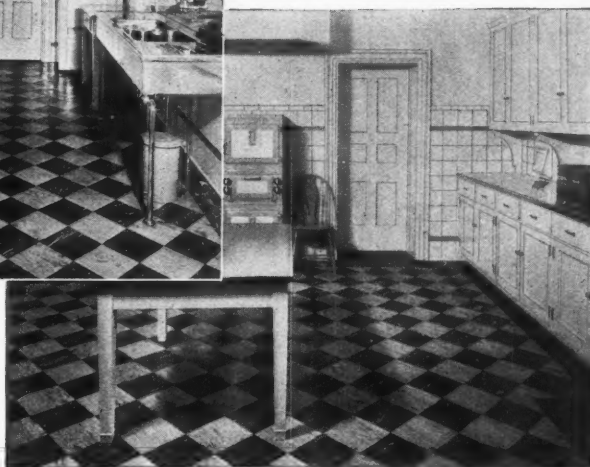
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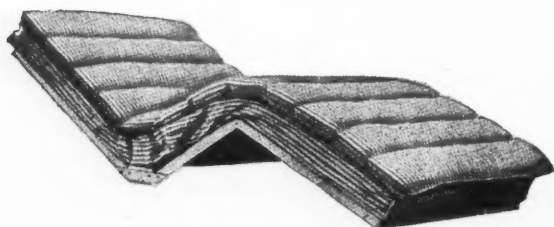
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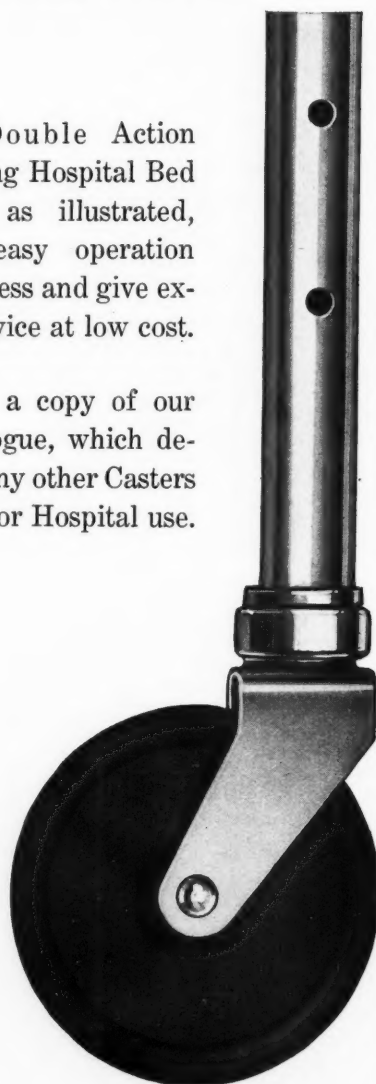
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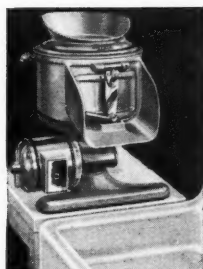
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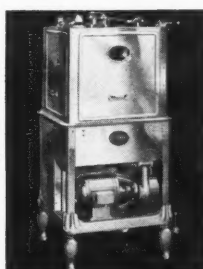


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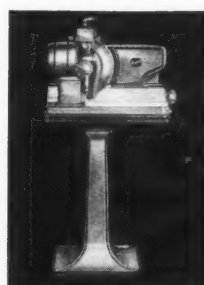
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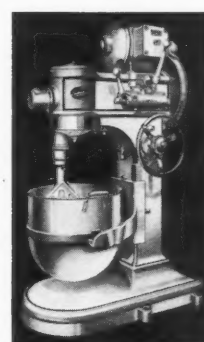
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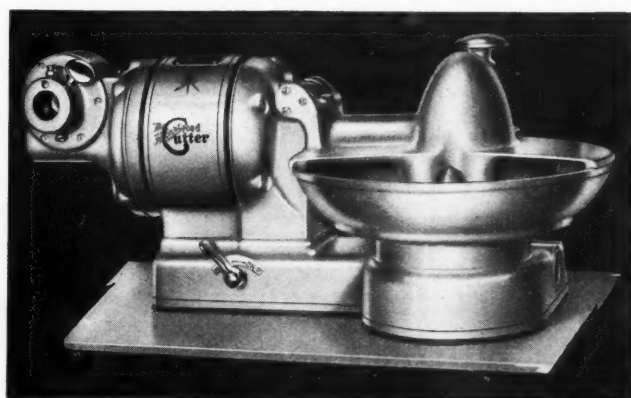
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*Published in the interests of Hospital Executives*

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Vol. 9

APRIL, 1932

No. 4

## Ontario Cancer Commission Issues Its Report

**H**AVING concluded a ten months' investigation in eight of the leading countries distinguished for medical research, including the United States, Britain, France, Germany, Belgium, Switzerland, Denmark and Canada, the Ontario Cancer Commission has issued its report. It will be recalled, no doubt, that the Commission was appointed in May, 1931, its members consisting of Rev. Dr. H. J. Cody of Toronto; Prof. J. C. McLennan, former professor of physics at the University of Toronto; Dr. W. T. Connell of Kingston, eminent bacteriologist, and Arthur R. Ford, managing editor of the London Free Press.

### Recommendations of the Commission Include:

- (a) Establishment of an Ontario cancer institute for the purpose of securing skilled personnel and for stimulation and guidance of research; of research and other necessary laboratories; and of a plant for production, standardization and supply of radon (radium emanations).
- (b) Organization of a limited number of diagnostic centres, at the outset no more than three in Ontario. These would be associated with university teaching hospitals at Toronto, Kingston and London.
- (c) Government purchase of such quantities of radium as may satisfactorily meet the demand for treatment of cancer by this means and consideration of purchase of privately-owned radium in Ontario.
- (d) Institution of an active campaign of cancer-preventive education, eliciting co-operation of doctors, dentists, teachers, the press and the public. Short post-graduate courses for physicians are recommended.

Believing that radium and X-Rays in the hands of experts are highly beneficial, the Commission recommends the founding of a radium emanation plant in conjunction with the institute. As for clinic centres, the Commission advised that they be established only where competent personnel is available.

Emphasizing the alarming increase in cancer mortality, the Commission quotes from the Registrar-General's report for Ontario: "In 1914, the reported death rate was 69.6 deaths per 100,000 population. In 1919, this rate had increased to 75.5. In 1929, it had jumped to 104, and, in 1930, to 109.5, second only to British Columbia in Canada. Canada's death rate in 1930 from cancer was 9,263, a rate of 93.3 per cent per 100,000 population."

### Early Treatment is Essential

While admitting that cancer institutes outside of Canada are much better equipped with cancer control facilities than Ontario, the Commission maintains that clinical results here are equal to those obtained elsewhere.

"Cancer seems to be increasing," says the report, "even though the increase is accounted for in large measure by the prolongation of life due to the spread of public health activities, by the better statistical records of the present day and by the advance of diagnostic methods."

Stressing the need for prevention and early treatment the report states that: "Everywhere the deplorable situation is found that most cases of cancer are seen too late to afford the best opportunity for successful treatment."

"There are many early signs of cancer and of precancerous conditions. If these were observed and followed by prompt measures of prevention and treatment the mortality from this disease would be greatly reduced. Among these signs are the unhealing sore on lip, tongue and face, in mouth or throat; bleeding from the lower bowel or other orifice of the body; the lump in the breast; the hoarseness from an affected larynx; the protracted indigestion in middle age, that fails to respond to usual remedies."

### Widespread Educational Campaign is Necessary

Great faith is expressed in a widespread campaign of public health education among undergraduates in medicine and dentistry, among nurses, teachers and the general public as a means of early treatment. It is recommended that such education be given through the press, by lectures, pamphlets, the radio and other available means. The public attitude of the fear of cancer should be replaced by the fear of delay, the Commission believes. The Commission has expressed its belief in the treatment of cancer by surgical measures, especially in breast cancer, cancers of the alimentary canal and other deep portions of the body. Radium and X-Rays, either singly or combined, or in conjunction with surgery are also thought to be efficacious. Reference is made to the Radiumhommet in Stockholm, whose records show permanent cure in 69 per cent of all cases of skin cancer, in 68 per cent of lip cancer, and in 55 per cent of early cases of mouth cancer.

"Various authorities agree in estimating the quantity of radium required by any country as 2 grams per 1,000,000



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of population, or 2 grams for each 1,000 deaths from cancer," the report states.

#### The Best of Facilities are Urged

"Active-treatment centres should possess the best possible facilities for treatment. They should be associated with a large general hospital, so as to provide a wide variety of cases for treatment, and a trained and specialized staff. Active treatment centres should be designed for the curative and palliative treatment of cases. Provision if necessary should be made for the care of hopeless cases apart from these centres."

The need for follow-up is also stressed, and it is thought that every centre should possess an active social service department. To emphasize the importance of early diagnosis three of the world's foremost authorities on cancer are quoted—Lord Maynihan of Leeds, Dr. Joseph Colt Bloodgood of Johns Hopkins, Baltimore, and Dr. Claude Regnaud of the Foundation Curie, Paris.

#### Grants to the Hospitals of Ontario to Remain the Same

**D**URING the last session of the Ontario Government the rumour was heard that the municipalities of the province of Ontario were seeking legislation which would reduce their costs for the hospitalization of indigent patients from \$1.75 to \$1.50 per patient per day. The Provincial Government was also considering the reduction of its per diem grant from 60c. to 50c. These reductions would have decreased the combined provincial and municipal grant from \$2.35 to \$2.00 per day, and would have meant a loss of many thousands of dollars a year to the hospitals of Ontario.

The Ontario Hospital Association realized the serious situation which was threatening its member hospitals, as a result of which deputations were called to wait on the Premier and the Hon. Dr. Robb on two different occasions. Hospital superintendents, members of Boards of Directors and others associated with the work of hospitals to the number of 250 journeyed from all points in the province, and formed a very imposing delegation. Stressing the necessity for the hospitals which they represented keeping "open house" for the sick poor and the increased demands made upon their institutions as a result of present economic conditions, the Association presented a very strong case to the Government. As a result of the two deputations the Government finally decided not to reduce the per diem grants.

Surely this news must come as a great relief to the hospitals of Ontario. It must also bring home forcibly the benefits of Provincial Hospital Associations, which exist to primarily meet just such situations as this.

The British Medical Association, which celebrates its centenary in July, under the presidency of Lord Dawson of Penn, was founded at Worcester in 1832 by Sir Charles Hastings. A History of the Association has been written by Dr. Muirhead Little, F.R.C.S.



# St. Paul's Hospital, Vancouver, Completes Two Units of an Extensive Building Programme

By MARY L. BURCHER

EARLY in 1930 the Sisters of Charity of Providence, who operate St. Paul's Hospital in Vancouver, B.C., embarked on an ambitious building programme, which culminated in the opening, in 1931, of a new Nurses' Residence and what is known as the "north wing," the construction of which cost well over \$750,000. Gardiner & Mercer were entrusted with the preparation of plans for these two units, and the contract was let to Carter-Halls-Aldinger, to both of which organizations much credit is due for the splendid appearance which these buildings present.

The new "north wing" was officially opened last October by the Hon. S. L. Howe, Provincial Secretary, the opening marking a new era in the growth of the hospital, which has developed steadily since it was established in 1894. It faces on Comox Street and has a frontage of 233 feet, with a depth of 45 feet. It provides accommodation for 150 patients. This wing is six storeys in height, having full basement as well. The original building is five storeys in height without basement. Like the Nurses' Residence, this building is of reinforced concrete faced with red brick construction and fireproof throughout.

Floors throughout the hospital are of terrazzo. The interior was carefully planned and equipped to bring this addition up to the highest standards of hospitalization. To this end special sterilizing, ventilating, lighting and signal systems have been installed.

The whole of the top floor is given over to surgeries, sterilizing and utility rooms, doctors' lounge, locker and scrub-up rooms. Particular care was taken in choosing the equipment for this floor. On the third and fourth floors are two, four and six-bed wards, utility rooms, nurses' stations, dressing rooms, solariums, baths, showers and lavatory accommodation, these floors being identical.

On the second and fifth floors are private rooms, a large number of which are provided with separate toilets and baths, as well as the tributary services provided on the third and fourth floors. On the first floor are found the X-Ray department and the laboratory.

This wing is heated by low pressure steam. The concealed type of radiators which have been installed eliminate dust. Special heat controls make it possible to get the required temperature at any point in the building. An automatic push button control elevator of Otis Fensom manufacture has been installed, so also have electric dumb waiters, special linen chutes, waste and dust chutes, the last two discharging into the incinerator.

The new wing has three exits. The entrance on Comox Street is in the centre of the building and connects with



*During 1931 the Sisters of Charity of Providence in Vancouver added to their hospital facilities a new Nurses' Residence with accommodation for 166 nurses at a cost of \$252,000, and a new 150-bed wing at a cost of \$375,000 exclusive of equipment. It is very probable that work will be commenced at an early date on a second wing, comparable to the one described herewith.*



the main corridor of the original building. The ambulance entrance is on the west side, under a porte-cochere, which leads into an inner courtyard. A third exit faces Burrard Street. In addition to elevator service, there are three stairways from first to sixth floors.

In the construction of this building, as well as of the Nurses' Residence, the Sisters specified that wherever possible equipment and materials should be of Canadian manufacture.

## The Nurses' Residence

Facing Comox Street, the new Nurses' Residence rises to a height of five storeys above the ground level with full half basement covering the full area of the building. The building is L-shaped, having a frontage of 140 feet on Comox Street, with a wing extension 105 feet long. It is of reinforced concrete construction, known as Class A, fireproof, walls faced with red brick and terra-cotta trim and ornament. The interior is finished in mahogany. Floors in all bedrooms are finished with solid oak block flooring. The remainder of all floors are of terrazzo, including all stair treads.

There are 103 single rooms and 32 double rooms, having accommodation for 166 nurses in all. Each room has its own clothes closet and lavatory basin. A special call system is connected to the main office on the ground floor. The Residence is heated by low pressure steam, supplied from the main heating plant, which has been enlarged to meet the increased demand from the new wing as well as the Nurses' Residence. It is equipped with dining room, kitchens, laundry, linen and sewing rooms, in addition to large and handsome recreation quarters on the main floor.

The Nurses' Residence is in charge of the Directress of Nurses, Sister Therese Amable, who graduated from St. Paul's Hospital in 1913. The building over which she has jurisdiction is said to be one of the finest Nurses' Residences in Canada. Plans for both Residence and new wing were completed under the direction of Sister Macarius, who is well known for her ability as an advisor on hospital planning.

The Residence is designed, constructed and equipped with a view to providing an atmosphere of culture, beauty and hospitality for the nurse, as well as every opportunity for her professional development.

Each room is furnished with a comfortable bed, dressing table, combination chiffonier and writing desk, rocker and straight back chair, a large locker, basin with hot and cold running water, and is given a homey touch by window drapes of gold poplin. The furniture is old ivory in colour, which harmonizes well with the light buff coloured walls. All floors are generously supplied with





*This photograph shows the new north wing of St. Paul's Hospital, Vancouver, B.C., in relation to the original building, with which it conforms architecturally. Gardiner & Mercer, Architects.*

does the follow-up work on the wards, a graduate dietitian who teaches her specialty, and several sisters who are floor supervisors and who do part-time teaching in their respective departments.

To develop an "esprit de corps" among the nurses in training, there is a glee club with a paid director, which

meets once a week and which sponsors an annual concert, and a tennis club which competes yearly for an inter-hospital cup with the School of Nursing of the Vancouver General Hospital. When we were last in communication with the School of Nursing steps were being taken to organize a dramatic club and an athletic group.



*The new Nurses' Residence of St. Paul's Hospital, Vancouver, B.C., has been equipped with a view to providing an atmosphere of beauty, comfort and hospitality for its 166 occupants. It was constructed at a cost of \$252,000. Gardiner & Mercer, Architects.*



## Practical Programmes for the Observance of "NATIONAL HOSPITAL DAY"

Among the publicity and entertainment features hospitals have undertaken with success on May 12th are the following:

Open house: Nurses, members of Women's Hospital Aids, trustees' and doctors' wives have served as hostesses at tea and have conducted tours of inspection of the hospital.

\* \* \*

Reunion of babies born in the hospital: This has proved very popular and is eagerly looked forward to in some centres. Souvenirs, flowers, music, group photographs add immeasurably to the interest of such reunions.

\* \* \*

Pageants: These are usually put on by nurses at the hospital, in public halls, schools, theatres, etc., under hospital auspices.

\* \* \*

Public meetings: Address by mayor or some other local celebrity, with shorter talks by the various departmental heads of the hospital. Musical numbers will add variety and entertainment to such a programme.

\* \* \*

Co-operating groups in programmes: Club orchestras, civic club committees, high school students, college groups, service clubs, women's organizations, fraternal societies.

Souvenirs: Old or young, everyone likes souvenirs. They might take the form of a flower, National Hospital Day button, samples donated by manufacturers.

\* \* \*

Public displays: Your trustees are usually influential business men connected with mercantile establishments, banks, stores, etc. Ask them to feature displays in their place of business, and if they have no definite ideas as to what form such displays might take, plan something for them. Better still, deliver it ready for setup. Since these establishments advertise in the local paper, the editor will be only too glad to send a reporter to write up such displays.

\* \* \*

Invitations: If possible send out individual invitations to all the prominent people in your town or city, signed by the superintendent or the chairman of the board. An invitation to the general pub-

lic can be made through the press. Keeping a record of all those attending this year through the use of a guest book will help you with your invitations next year.

\* \* \*

Printed matter: Don't forget the power of the printed word! Have something printed for general distribution, if it is only a leaflet. Pertinent facts regarding your hospital and its services might be given therein. Perhaps your printer would donate these as his contribution to your National Hospital Day programme.

### Ask These Groups or Individuals for Co-operation

Merchants: Ask them to feature window displays covering the work of your hospital. They might also feature such merchandise as is used by patients in hospitals, which they carry in stock, such as invalid foods, baby clothes, blankets and bedding, flowers, books, medicines, bed jackets, etc.

\* \* \*

Local clubs: The larger the number of these organizations you have assisting you with your National Hospital Day programme, the more widespread will be its effect.

Each will have its own contribution to make.

\* \* \*

Churches: Ask the ministers and priests in your locality to direct attention to the work of hospitals in their sermons the Sunday previous to National Hospital Day.

\* \* \*

Newspaper advertisers: Ask the local merchants from whom you buy to direct attention to your Hospital Day programme in their newspaper advertising and handbills.

\* \* \*

Schools: Perhaps the principals in your local schools, colleges and collegiates might consider favourably essay and poster contests. The prize winning essays could be printed in the local paper and the best posters distributed among the merchants for display. Prizes need not be expensive. The senior pupils might be asked to visit the hospital on National Hospital Day.

\* \* \*

Newspapers: If you have

### Regional Chairmen in Canada

The Chairman of the National Hospital Day Committee, Mr. C. J. Cummings, has appointed regional chairmen, of which there are nine in Canada, one for each province, and one for Newfoundland as well. These chairmen are as follows:

ALBERTA—Mr. A. T. Stephenson, Chairman, Alberta Hospital Association, Red Deer.

BRITISH COLUMBIA—A. K. Haywood, Gen. Med. Supt., Vancouver General Hospital, Vancouver.

MANITOBA—George F. Stephens, Med. Supt., Winnipeg General Hospital, Winnipeg.

NEW BRUNSWICK—Ralph H. Gale, Supt. St. John General Hospital, St. John.

NOVA SCOTIA—Miss Gladys E. Strum, R. N., Victoria General Hospital, Halifax.

ONTARIO—Alice L. Shannette, R. N., Supt., Brockville General Hospital, Brockville.

PRINCE EDWARD ISLAND—Miss Anna Mair, R. N., Supt., Prince Edward Island Hospital, Charlottetown, P.E.I.

QUEBEC—John Mackenzie, M.D., Med. Supt., Montreal General Hospital, Montreal.

SASKATCHEWAN—H. W. Lewis, Med. Supt., Saskatoon City Hospital, Saskatoon.

NEWFOUNDLAND—Charles E. Parsons, Med. Supt., Notre Dame Bay Memorial Hospital, Twillingate.





made friends with the local press, you should have no trouble in getting plenty of newspaper publicity. If you haven't made friends with them, do so now, and then foster these friendships.

\* \* \*

Transportation companies: Your bus or street railway company will no doubt display your Hospital Day posters if you ask them.

\* \* \*

Radio stations: If you have a local radio station we are certain that it will come to your assistance by announcing your National Hospital Day programme. The proprietors might even permit the members of your board to give short talks during the week that precedes National Hospital Day.



DR. E. A. CLARK.

### Ontario Psychiatrist Loaned to Prince Edward Island

Announcement was made on February 12th by the Hon. Dr. J. M. Robb, Minister of Health, that arrangements had been made to loan Dr. E. A. Clark, a member of the staff of the Ontario Hospital at Hamilton to the Government of Prince Edward Island to assist in the reorganization of its psychiatric services and in the development of a mental health programme. Dr. Clark is looked upon as one of the most promising members of the Ontario Hospitals' staff. On being sent to Hamilton a short time ago, one of his first duties was the organization of a mental health clinic in the Niagara Peninsula.

Please refer to *THE CANADIAN HOSPITAL* when writing

## THERE IS NO SUBSTITUTE FOR "LYSOL" SAFETY

*And there is no saving in a "Lysol" substitute.*

Comparative chemical tests now reveal that there is 20% more germ-killing concentrate in "Lysol" disinfectant than in the average of 10 of its most active imitators . . .

Not only that, but these same substitutes actually contain 100% more water than "Lysol" . . . Some running a full quart of water to the gallon . . . No wonder their promise of price economy is as false as their promise of germicidal efficiency.

Use "Lysol" for safety . . . Use "Lysol" for economy . . .  
Use "Lysol" for *safety with economy*.

Lysol (Canada) Limited, 9 Davies Ave., Toronto 8, Canada.

## 5

### POINTS OF SUPERIORITY

1. *Germicidal efficiency* . . . Positive penetrating bacterial potency even in the presence of organic matter.
2. *Absolute uniformity* . . . Constant laboratory control guarantees uniform germicidal action.
3. *Pure, neutral, safe* . . . Elimination of free alkali and other impurities assures neutral, non-irritating solutions in water . . . Completely soluble.
4. *Wide application* . . . Meets every disinfection problem (personal or otherwise) . . . Serves many needs in ward, private room, operating room, kitchen, laundry and laboratory.
5. *Recognized leadership* . . . For more than 40 years "Lysol" disinfectant has enjoyed the complete confidence and endorsement of the medical profession the world over.

## SPECIAL

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**\$1.75**

PER GALLON

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ANAESTHETIC APPLIANCES

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over as  
a needed safety  
measure.

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5533 Woodward Ave. - DETROIT, Mich.

### This "Bookmobile" and Canteen is a Much Appreciated Service to Patients

Royal Victoria Hospital, Montreal, has a traveling canteen or newsstand that has attracted widespread attention. The stand is operated by A. Deschambault, formerly an orderly at the hospital, who has built up a service that, according to Mr. W. R. Chenoweth, superintendent, is highly appreciated.

"As this hospital is exempt from taxation," writes Mr. Chenoweth, in commenting on the "bookmobile," "we could not enter into any arrangement to charge rent for this privilege, as then we might be charged with competing with other merchandising concerns. This would jeopardize our position in respect to tax exemption. Mr. Deschambault, however, makes a donation of \$250 a year to the hospital.

"The service has been a boon not only to public patients, but to private patients as well."

As the photograph shows, the booth is attractively arranged and carries a varied stock. It is easily moved to



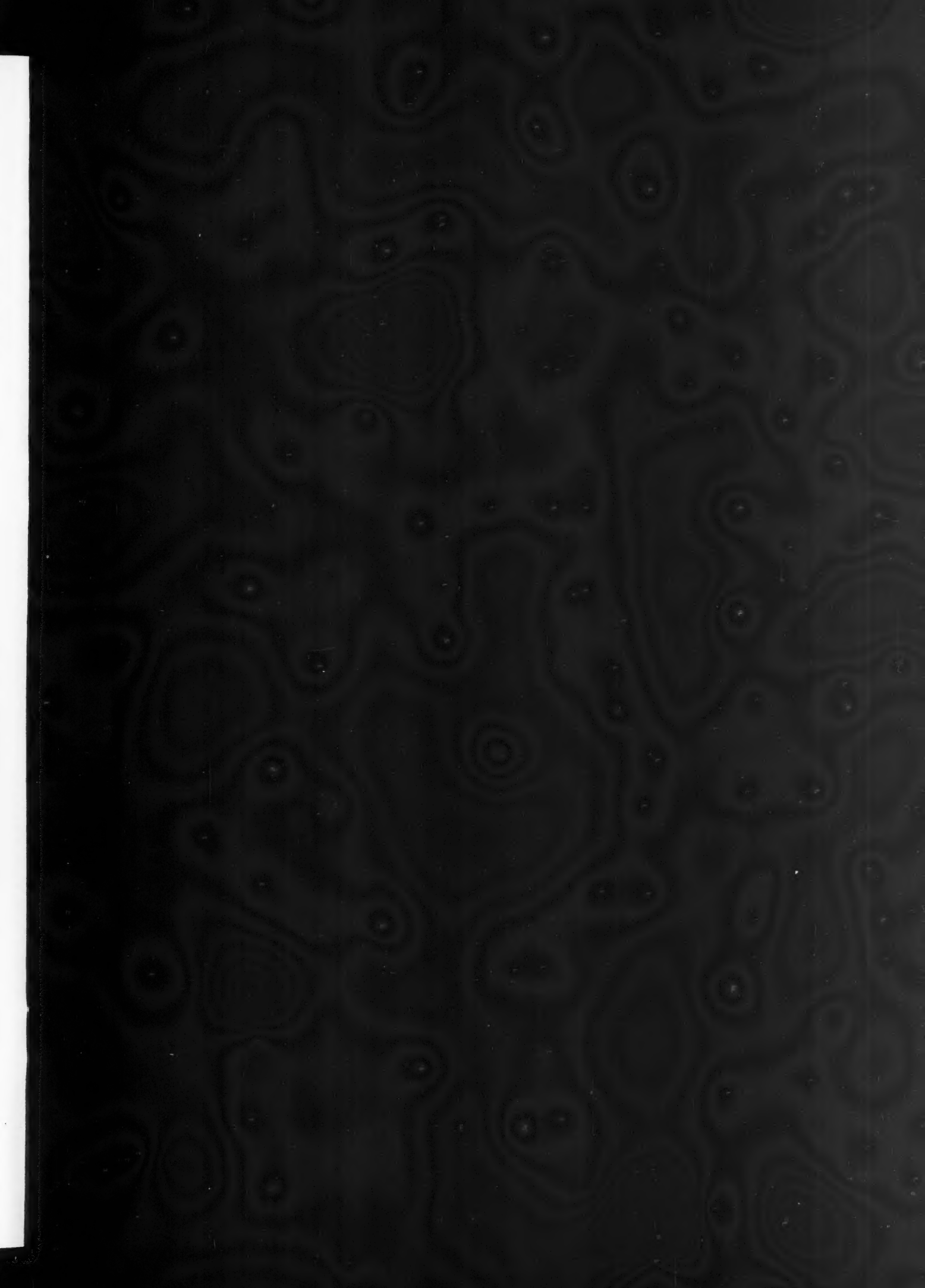
The "Bookmobile" at Royal Victoria Hospital.

any bedside. A mail box for the convenience of patients desiring to mail letters is an appreciated feature of the "bookmobile."

Besides the movable stand, Mr. Deschambault also operates a permanent stand in a small space in a corridor. The latter type of stand is becoming more common in hospitals, but few have the moveable stand. The rolling equipment was devised to meet the difficulties of carrying magazines and other articles in his arm, this procedure not only being tiring but permitting of no display of the stock.

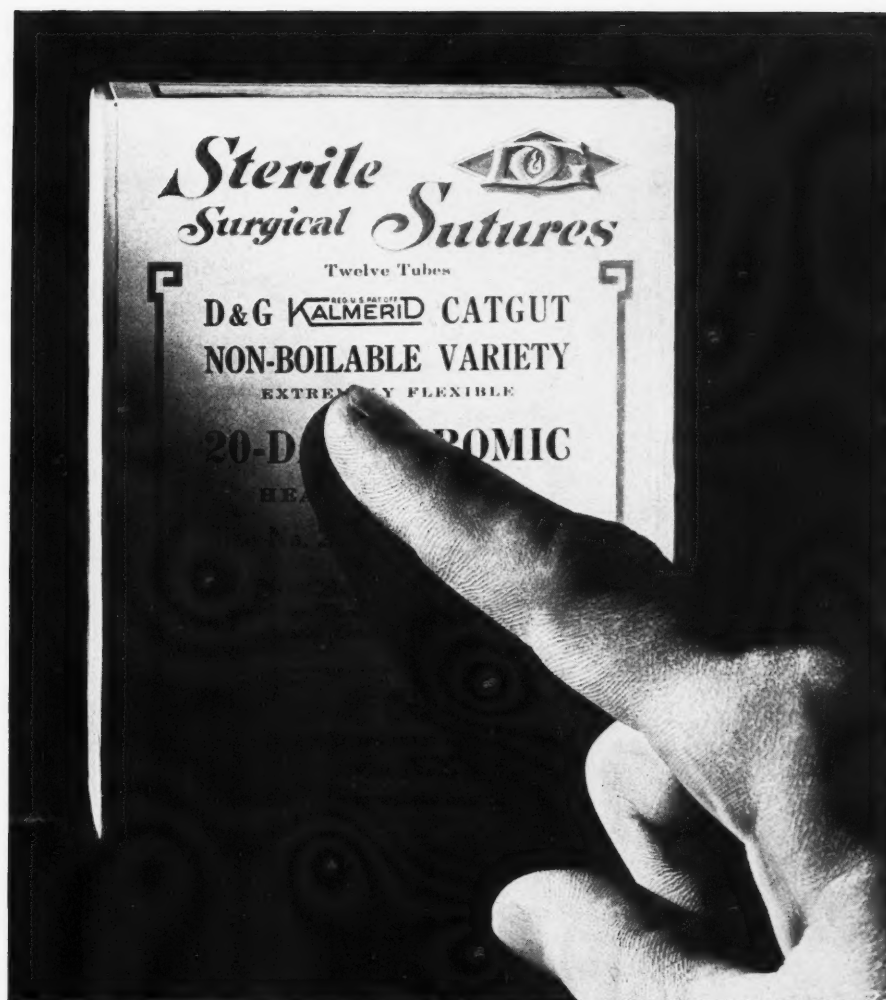
Besides magazines, Mr. Deschambault sells stamps, newspapers, tobacco, matches and gum.—*Hospital Management.*

Please refer to THE CANADIAN HOSPITAL when writing









## *It is* Extremely Flexible

D & G Kalmerid catgut is prepared in two varieties: Boilable and Non-Boilable. Both are heat sterilized and embody all the essentials of the perfect suture. The Non-Boilable variety is particularly recommended to those desiring a suture of extreme flexibility.

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N. Y.

## D&G Sutures PRICE LIST FOR DOMINION OF CANADA

### Kalmerid Catgut

**GERMICIDAL.** Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

#### TWO VARIETIES

| BOILABLE* |                     | NON-BOILABLE |
|-----------|---------------------|--------------|
| NO.       |                     | NO.          |
| 1205..... | PLAIN CATGUT.....   | 1405         |
| 1225..... | 10-DAY CHROMIC..... | 1425         |
| 1245..... | 20-DAY CHROMIC..... | 1445         |
| 1285..... | 40-DAY CHROMIC..... | 1485         |

Sizes: 000 . . 00 . . 0 . . 1 . . 2 . . 3 . . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

### Kalmerid Kangaroo Tendons

**GERMICIDAL**, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



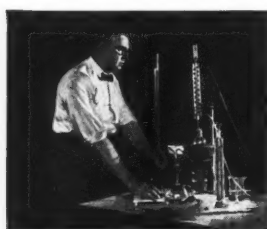
| NO.      |  | NON-BOILABLE GRADE |
|----------|--|--------------------|
| 370..... |  |                    |
| 380..... |  | *BOILABLE GRADE    |

Sizes: 0 . . 2 . . 4 . . 6 . . 8 . . 16 . . 24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross



*D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.*

### Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

**A** NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.\*



| NO.   |                             | INCHES IN TUBE | DOZEN  |
|-------|-----------------------------|----------------|--------|
| 550.. | WITHOUT NEEDLE.....         | 60.....        | \$3.60 |
| 852.. | WITHOUT NEEDLE.....         | 20.....        | 1.80   |
| 954.. | WITH 1/2-CURVED NEEDLE..... | 20.....        | 3.00   |

Sizes: 000 (FINE) 00 (MEDIUM) 0 (COARSE)

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

### Kal-dermic Tension Sutures

**I**DENTICAL in all respects to Kal-dermic skin sutures but larger in size.

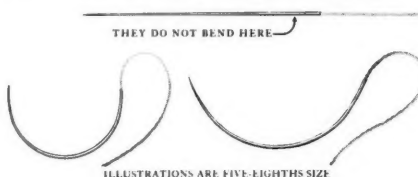
| NO.   |                     | INCHES IN TUBE | DOZEN  |
|-------|---------------------|----------------|--------|
| 555.. | WITHOUT NEEDLE..... | 60.....        | \$3.60 |

Sizes: 1 (FINE) 2 (MEDIUM) 3 (COARSE)

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

### Atraumatic Sutures

**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*



| NO.    |                           | INCHES IN TUBE | DOZEN  |
|--------|---------------------------|----------------|--------|
| 1341.. | STRAIGHT NEEDLE.....      | 28.....        | \$3.60 |
| 1342.. | TWO STRAIGHT NEEDLES..... | 36.....        | 4.20   |
| 1343.. | 3/8-CIRCLE NEEDLE.....    | 28.....        | 4.20   |
| 1345.. | 1/2-CIRCLE NEEDLE.....    | 28.....        | 4.20   |

Sizes: 00 . . 0 . . 1

In packages of 12 tubes of a kind and size  
20% discount on one gross tubes or more

DAVIS & GECK, INC. ▽ 217 DUFFIELD ST. ▽ BROOKLYN, N. Y.

*D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid*

# PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

## Unabsorbable Sutures



| NO.                         | INCHES IN TUBE | SIZES    |
|-----------------------------|----------------|----------|
| 350..CELLULOID-LINEN.....   | 60.....        | 000,00,0 |
| 360..HORSEHAIR.....         | 168.....       | 00       |
| 390..WHITE SILKWORM GUT..   | 84.....        | 00,0,1   |
| 400..BLACK SILKWORM GUT..   | 84.....        | 00,0,1   |
| 450..WHITE TWISTED SILK.... | 60.....        | 000 TO 3 |
| 460..BLACK TWISTED SILK.... | 60.....        | 000,0,2  |
| 480..WHITE BRAIDED SILK.... | 60.....        | 00,0,2,4 |
| 490..BLACK BRAIDED SILK.... | 60.....        | 00,1,4   |

BOILABLE

Package of 12 tubes of a size. . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

## Short Sutures for Minor Surgery



| NO.                          | INCHES IN TUBE    | SIZES   |
|------------------------------|-------------------|---------|
| 802..PLAIN KALMERID CATGUT.. | 20..00,0,1,2,3    |         |
| 812..10-DAY KALMERID "       | ..20..00,0,1,2,3  |         |
| 822..20-DAY KALMERID "       | ..20..00,0,1,2,3  |         |
| 862..HORSEHAIR .....         | 56.....           | 00      |
| 872..WHITE SILKWORM GUT..    | 28.....           | 0       |
| 882..WHITE TWISTED SILK....  | 20.....           | 000,0,2 |
| 892..UMBILICAL TAPE.....     | 24...1/8-IN. WIDE |         |

BOILABLE

Package of 12 tubes of a size. . . . \$1.80  
Less 20% on gross or more or \$17.28, net, a gross

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



| NO.                          | INCHES IN TUBE   | SIZES   |
|------------------------------|------------------|---------|
| 904..PLAIN KALMERID CATGUT.. | 20..00,0,1,2,3   |         |
| 914..10-DAY KALMERID "       | ..20..00,0,1,2,3 |         |
| 924..20-DAY KALMERID "       | ..20..00,0,1,2,3 |         |
| 964..HORSEHAIR.....          | 56.....          | 00      |
| 974..WHITE SILKWORM GUT..    | 28.....          | 0       |
| 984..WHITE TWISTED SILK....  | 20.....          | 000,0,2 |

BOILABLE

Package of 12 tubes of a size. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



## Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.\*



No. 650. Package of 12 tubes. . . . \$4.20  
Less 20% on gross or more or \$40.32, net, a gross

## Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.\*



No. 600. Package of 12 tubes. . . . \$3.60  
Less 20% on gross or more or \$34.56, net, a gross

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

|     |    |
|-----|----|
| 000 | 4  |
| 00  | 6  |
| 0   | 8  |
| 1   | 16 |
| 2   | 24 |
| 3   |    |

\*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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S U T U R E S I N A N C I E N T S U R G E R Y



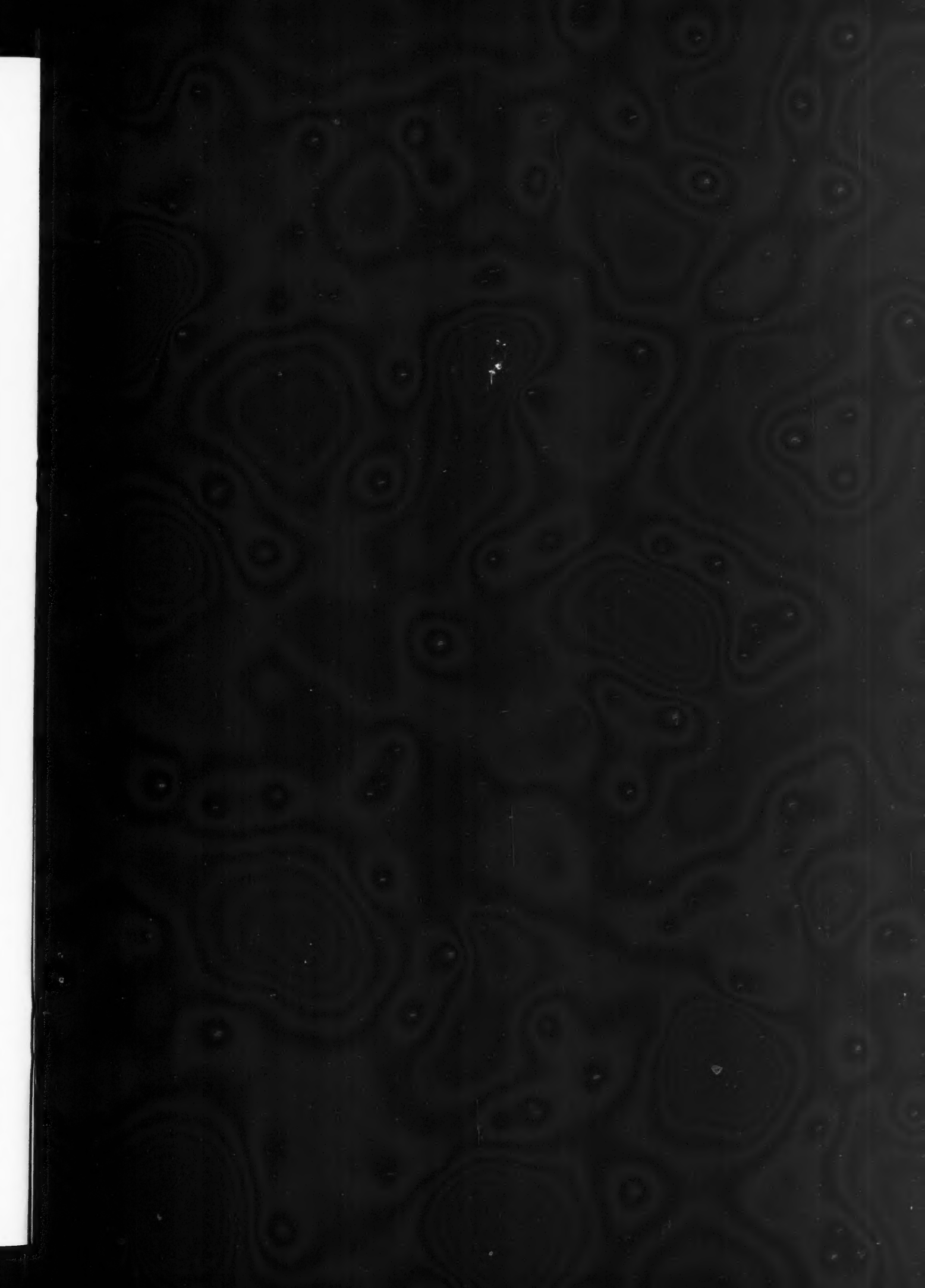
**D**OMINIQUE JEAN LARREY (1766-1842) surgeon in chief of Napoleon's Army, stands forth as one of the greatest of military surgeons. He was resourceful, courageous, and a genius for organization. Through creation of the *ambulantes volantes*, and the employment of such sound measures as immediate amputation of shattered limbs, prompt hospitalization, and avoidance of meddlesome surgery, he brought prompt relief to the injured and materially reduced mortality. He used the ligature for large vessels, but did not suture the edges of amputation stumps, preferring to maintain apposition by firm bandaging.

*D&G Sutures*

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.







## Hospital Aid News

*The Secretaries of the various Aids which comprise the Women's Hospital Aids' Association, are asked to remember that news notes for this column should be in the hands of the Secretary by the 15th of the month, preceding publication date. Address Mrs. F. C. Bodley at 55 Cline Ave., Hamilton, Ont.*

\* \* \*

### Review Year's Progress

A year of philanthropic activity for the members of the Women's Auxiliary to the Board of the Hamilton General Hospital was reviewed at the annual meeting which took place recently. Much regret was expressed on the retirement from office of the President, Mrs. Palmer, who is succeeded by Mrs. P. B. Macfarlane. The other officers for 1932-1933 are as follows: First Vice-President, Mrs. C. D. Hickey; Second Vice-President, Mrs. Vernon Carey; Third Vice-President, Mrs. J. S. McCaughey; Secretary, Mrs. F. B. Griffith; Corresponding Secretary, Mrs. Colin Osborne; Treasurer, Mrs. G. E. Greenway; Advisory Board: Miss Agnes Climie, Mrs. G. W. Houston, Miss Rayside, Mrs. R. K. Palmer; Convener of Inside Social Service, Mrs. R. F. Inch; Convener of Outside Social Service, Mrs. R. H. Paterson; Purchasing Committee: Mrs. W. F. Langrill, Mrs. H. G. Snow; Camp Committee: Miss Agnes Climie (Convener), Mrs. G. H. Levy, Mrs. W. M. Logan, Mrs. H. B. Brown, Mrs. Victor Vallance, Miss Coleman, Mrs. F. R. Niblett; Convener of Christmas Tree, Mrs. J. A. Stinson; Convener of Tea Arrangements, Mrs. Edwin Cassidy.

The report showed that 300,000 dressings, 90 layettes and numerous knitted garments had been made by the Auxiliary during the year. A new Junior Group formed last November was welcomed. The Children's Convalescent Camp at Burlington cared for 30 children last summer. Different Auxiliary groups assisted the Community Fund and the Red Cross drive. At Christmas 90 baskets were distributed. A toy shower met with marked success. Braces, splints, orthopaedic shoes, insulin syringes and artificial eyes were purchased and special nurses provided for needy patients. The financial statement showed receipts of \$7,830.45 and expenditures of \$7,535.41.

Dr. Langrill congratulated the Auxiliary on the results achieved in solving the social problems of the hospital and tendered the thanks of the Board and the medical administrative staffs.

### May Supply an Interpreter for Out-Patient Department

Since the Convention the Hamilton Auxiliary have been fortunate in having a group of teen-age girls affiliate with them, and their work in the out-patient department of the Hamilton General Hospital has been most gratifying. They have under consideration now a plan to supply an interpreter for the out-patient department, who should prove of great assistance to the medical men in diagnosing the cases of foreigners.



## NURSES LIKE IT

Because, the comfort of the Genuine Curled Hair Mattress induces the highest degree of sound, restful sleep so beneficial to the sensitive patient. They like it because it is sanitary, non-absorptive and quick to dry.

Because, too, the Curled Hair Mattress is light, neat, and easy to handle.

## Sterilized Curled Hair

has no substitute as a mattress filler

**DELANY AND PETTIT**  
LIMITED

MANUFACTURERS

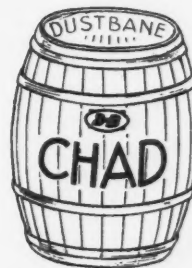
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Hospital Grades

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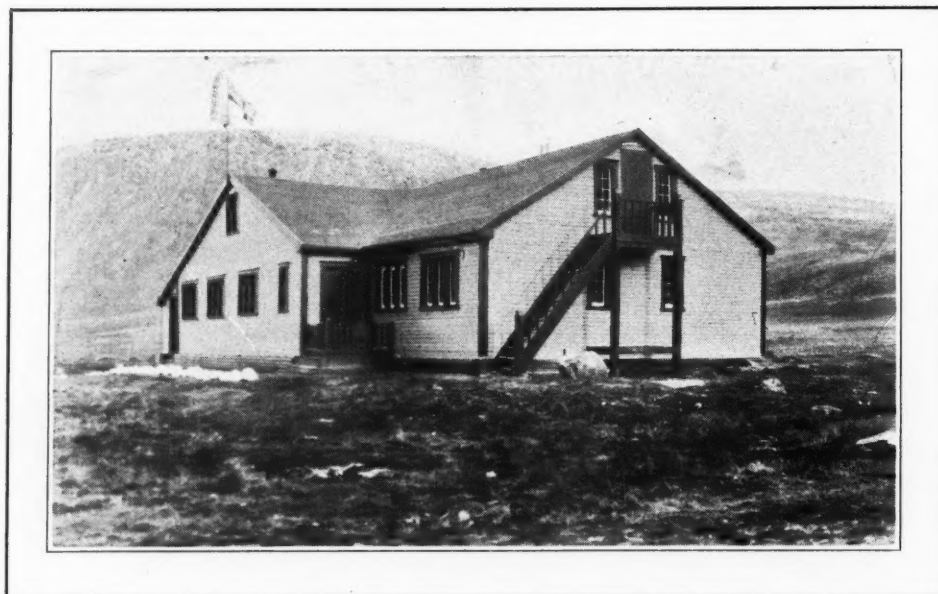
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# The Only Hospital North of Canada's Mainland

## The Anglican Hospital at Pangnirtung, Baffin Land



*The hospital at Pangnirtung presents a study of contrasts, for while outside all is bleak and barren, inside there is comfort and cheer and kindness.*

THE need for hospital facilities among the Eskimos was realized away back in 1894, when the Rev. E. J. Peck began his work in Baffin Land. To meet this need the two young missionaries who joined him each spent a year at Livingstone Medical College, London, England, and in due time a small building was erected for hospitalization purposes. While inadequately equipped, it was immeasurably better than nothing, for it was impossible to treat the Eskimos in their tents and snow huts.

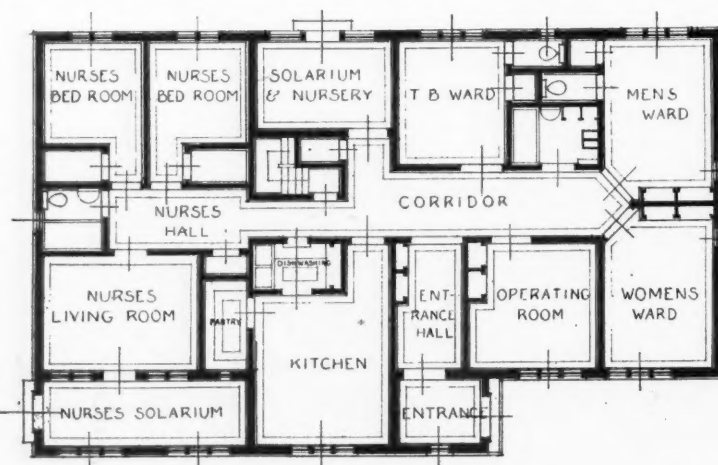
This, then, was the first hospital in Baffin Land. It is certain that the spirit of the late Rev. E. J. Peck must rejoice in the completion, in 1931, of its successor, the Anglican Hospital at Pangnirtung, Baffin Land, some 60 miles away from the original one.

In 1927 it was felt that more complete medical facilities should be provided, but the Arctic Mission plan of the Missionary Society of the Church of Eng-

land in Canada had just been put into operation, and it was thought that insurmountable difficulties stood in the way of any further activities. Gradually, however, friends of the Arctic Mission in Canada and England showed in a tangible way their sympathy with the project by sending in gifts, and the organization slowly took shape.

During a second visit to England in 1929-1930 the need of a hospital in Baffin Land was explained by Archdeacon A. L. Fleming, familiarly known as "The Archdeacon of the Arctic," as a result of which many small and several substantial donations were received. At this time only

about half the required amount was available, so it was decided that construction would be delayed for a year at least. It was with some surprise, therefore, that on his return from England, Archdeacon Fleming found three significant letters awaiting him, two from the Director of Northwest Territories, Ottawa, requesting that the Arctic Mission proceed with



*The ground floor plan of the hospital.*

*(Continued on page 28)*



*British Columbia Hospital Association  
Appoints*

**"The Canadian Hospital  
Journal"**

*as its Official Publicity Organ*

Once again a provincial hospital association has seen fit to appoint this Journal as its official publicity organ. In acknowledging this courtesy "The Canadian Hospital Journal" places itself at the disposal of the Association and promises its editorial support in the furtherance of hospital work.

*Bard-Parker Co. Introduces Renewable  
Edge Scissors*

Of interest to hospitals is a current announcement, introducing renewable edge scissors with revolutionary improvements, made by the well known firm of Bard-Parker Company Inc., of New York City. These scissors, perfected by the manufacturer of the well known detachable blade knives, incorporate the same principle as the knives. The edges are easily changed and lock on the shanks when in position, so that they cannot come off while in use. The scissors are made of stainless steel, and they retain the same weight, balance and pattern of standard scissors.

It may readily be appreciated that the renewable edge scissors will offer the same distinctive advantages so well established by the use of the detachable blade surgical knife.

*Leading Hospitals Chose Castle  
Sterilizers*

Testifying to the high repute in which Castle Sterilizers are held in Canada, word has reached us that nine Canadian hospitals have recently installed them. These hospitals are as follows: Douglas Memorial Hospital, Fort Erie, Ont.; Hotel Dieu Hospital, Kingston, Ont.; Hôpital St. Luc, Montreal, P.Q.; Notre Dame Hospital, Montreal, P.Q.; Hôpital Ste. Thérèse, Shawinigan Falls, P.Q.; Verdun General Hospital, Montreal, P.Q.; Halifax Infirmary, Halifax, N.S.; Montreal General Hospital, Montreal; City Hospital, Saskatoon.

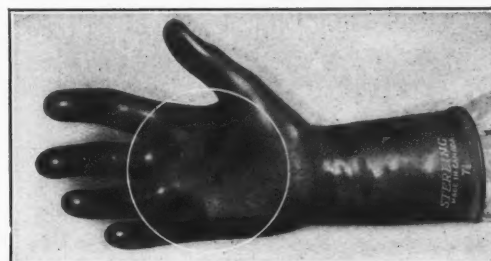
Hospitals with sterilizing problems are requested to write the Wilmot Castle Company, 1202 University Ave., Rochester, N.Y.

CHATHAM, ONT.—Miss Viola Dyer has been appointed assistant superintendent at the Chatham General Hospital following Miss D. Thomas' resignation.

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(Continued from page 26)

the erection of the hospital, and one from a lady in Montreal, who desired further information on the project.

The governmental authorities at Ottawa were interviewed and agreed to give certain medical and surgical equipment, convey the materials to their destination and pay the usual per capita grant, if the Arctic Mission would proceed with their plan. A week later the lady in Montreal made a generous gift toward the cost of the hospital from a legacy left to her and her sister. At this stage there was still considerable money to be found, but the Mission proceeded with its project despite that fact.

Plans were drawn up by Messrs. Molesworth, West & Secord, Toronto, with the assistance of Mr. B. Evan Parry, Architect for the Department of Pensions and National Health, Ottawa. In this way the special requirements of this far-north hospital were consulted, Witchall & Son, Contractors, Toronto, arranged for the building materials, and like the architects, gave their service gratis. Price Brothers Limited of Quebec donated half of the insulating lumber with which the building was lined.

A young Englishman named George Nicholson, who had been accepted for service by the Arctic Mission, was of inestimable value in the actual construction of the hospital. While studying at the Missionary Training Colony, London, England, he had worked without pay for a firm of contractors in order that he might learn something about building. Mr. Nicholson was sent north in 1930 to erect the hospital at Pangnirtung. His work there has been referred to as "a labour of love" and the result as "the finest building in the north."



*Putting the insulating "wool" in place to make the hospital draught proof. Six thicknesses were used on the walls.*

### *Nurse and Matron Make Three Month Journey to Reach the Hospital*



*Two Eskimos are here seen putting up the wallboard which assures the hospital warmth.*

Considerable assistance was given in the matter of furnishing the hospital. The nurses' living room and bedrooms were supplied through two Memorials. The bathroom equipment was paid for by the Dominion Board of the Women's Auxiliary. A Bible Class in Toronto furnished a room for native helpers. Almost \$1,000 was contributed by the Toronto Diocesan W. A. for the purchase of linen, cotton, etc. In 1931 the Hospital Dorcas Committee, Toronto, sent 12 bales of goods containing garments, sheets, quilts, pneumonia jackets, etc., by the Government ship "Beothic". The W. A. also supplied church silver and linen and a radio. The Franklin Memorial Fund of England provides the interest on a certain sum of money for the support of two beds in the hospital. Various gifts were also forthcoming from various W. A. branches.

Miss E. Prudence Hockin, R.N., was accepted as nurse-in-charge and Mrs. Carol Saucier, former matron of the Indian Residential School at Moose Factory, as matron at the hospital. These ladies left for the north in July, 1931. Their trip was undertaken by train, canoe, schooner and ice-breaker "Ungava," arriving at Pangnirtung on September 25th. Both expressed themselves as pleased with the hospital and its facilities.

It is interesting to reflect that this is the only hospital north of the mainland of Canada. Very soon its equipment will be made complete by the arrival of X-Ray and lighting equipment, these having been donated by a Toronto family. With their arrival a very pressing need will be filled, and the isolation of Pangnirtung will have been minimized to some extent, so far as the doctor is concerned.

EDITOR'S NOTE:—We acknowledge as the source of our information, "The Living Message."

# NOW

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**T**HE range of selectivity in Stickley furniture has been enhanced with beautiful new designs—with construction details carried out in Stickley's characteristic manner of building into its product unmatched durability, supreme comfort, convenience and sanitation.

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## Orthopaedic Hospital, Toronto, Offers Inclusive Rates to Tonsil Patients

**I**N its desire to service the community as fully as possible, and having had brought to its notice the fact that many citizens of Toronto were postponing necessary operations because of reduced incomes and their reluctance either to accept charity or to ask for any favours in reduced fees from private physicians, the Orthopaedic Hospital, Toronto, gave serious consideration to ways and means of meeting this need. The suggestion was made that the hospital arrange with its staff for a special Tonsil Clinic where persons might come to arrange for operations at moderate rates. Satisfactory arrangements were recently made, and the Tonsil Clinic has since attracted many patients who might otherwise not have been able to pay for an operation.

The Hospital does not presume to set the fee to be charged by the surgeons. Patients who come to the hospital are classified as Private, Semi-Private, Clinic and Public. The fee



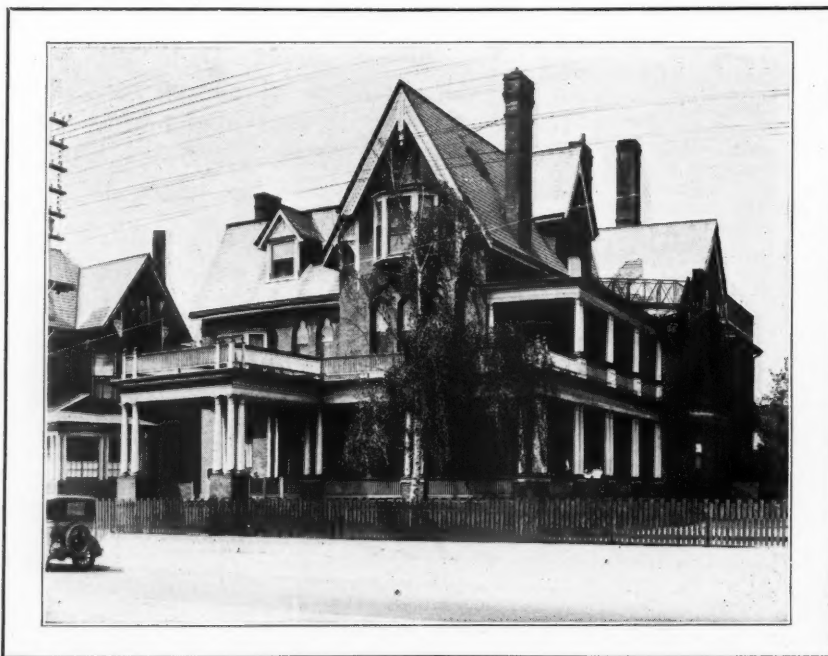
MISS ELLA MacLEAN,  
Superintendent.

is at the discretion of the doctors in charge. A patient classified as a clinic patient pays the hospital \$15.00, an inclusive rate which covers anaesthetic, operating room fee and nursing service for 24 hours. The surgeon's fee is additional.

It is intimated that this service to patients of moderate means may be extended so as to offer inclusive rates for other operations as well.

Last December the Orthopaedic Hospital decided to enlarge its scope. In order to afford patients the best medical care the staff was increased at the beginning of the year, the following being added: six surgeons, five physicians, a pathologist, a radiologist, two anaesthetists, four nose and throat specialists, two eye specialists and a consulting staff of five specialists.

Administering the hospital are Dr. Hugh Ferguson, chairman; Dr. David Allen, vice-chairman; Dr. W. J. Defries, secretary; Miss Ella MacLean, superintendent.



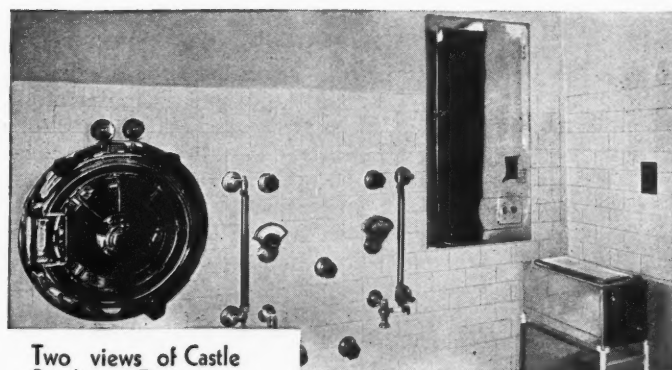
*The Toronto Orthopaedic Hospital, 100 Bloor Street West, was established in 1898. It was organized for the treatment of the ruptured, crippled and deformed. However, about 1923 the policy of the hospital was changed and it then became a small general hospital specializing in orthopaedic work.*



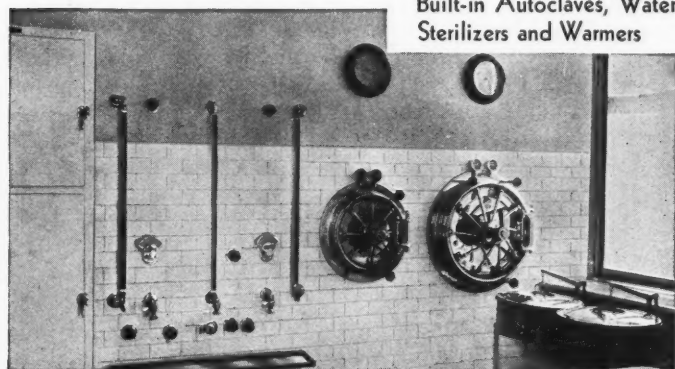
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| HOTEL DIEU HOSPITAL     | Kingston         |
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Enthusiasm for quality travels fast. That is why Castle Sterilizers are finding their way into so many Canadian hospitals.

With Castle, there is no let-up on quality — quality in design, quality in engineering, quality in manufacture. That is why Castle Sterilizers are famous for long years of unfailing service.

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Two of the largest classes of hospital patients require a micro technique for blood sugar tests—the diabetic because of the necessary frequency of blood sugar tests . . . and the infant in whose case a syringe sample is a relatively large quantity and difficult to secure. To the diabetic in particular a blood sugar method requiring only a lancet prick for each sample is an immeasurable physical and mental comfort.

Of the extensive number of micro methods developed from time to time the Byrd method is becoming the general standard because it is simply auxiliary to the universally used Folin-Wu ordinary method. This means that in any hospital or clinical laboratory, the use of the Byrd micro method involves no new technique in analysis and no separate reagent preparations.

The only additional equipment necessary to make this method constantly available consists of a small collecting pipette, a special reagent pipette and several small sized blood sugar tubes.

A complete discussion of this valuable method, full instructions for its use, and descriptions and prices of the special glassware needed are all included in Bulletin 105-R. Ask for your free copy.

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## Canadian Nurses' Association Will Consider Survey at Their Biennial Meeting

The general topic for discussion at the Biennial Meeting of The Canadian Nurses' Association, which will take place at St. John, N.B., from June 21st to 25th, will be the "Survey of Nursing Education in Canada," and because of the intense interest attached to the recommendations of the Survey Report, there is little room for doubt that the Convention will be unusually well attended.

One of the features of the programme will be an evening address by the Hon. Vincent Massey, LL.D. The banquet address will be delivered by Professor Roy Fraser of Mount Allison University. The Report will be discussed from the viewpoint of the medical profession, and the educationist by Dr. G. Stewart Cameron, Chairman of the Joint Study Committee which conducted the Survey, and Professor F. Clarke, of McGill University, respectively.

The Survey Report will be discussed in its various aspects mainly by hospital superintendents and superintendents of nurses, and among them are the following: Miss M. K. Holt, Superintendent of Nurses, Montreal General Hospital; Rev. Mother Ignatius, Superintendent of Nurses, Antigonish, N.S.; Miss G. L. Rowan, Superintendent, Grace Hospital, Toronto; Miss E. MacP. Dickson, Superintendent of Nurses, Toronto Hospital for Consumptives, Weston; Miss J. Gunn, Superintendent of Nurses, Toronto General Hospital and Nurse Member of the Joint Study Committee; Miss Muriel McKee, Superintendent, Brantford General Hospital, Brantford, Ont.; Miss Grace Fairley, Superintendent of Nurses, Vancouver General Hospital; Miss H. S. Buck, Superintendent, Sherbrooke Hospital, Sherbrooke, P.Q.; Miss K. Ellis, Superintendent of Nurses, Winnipeg General Hospital; Miss A. J. MacMaster, Superintendent of Nurses, Moncton City Hospital, Moncton, N.B.

In addition to the hospital superintendents and superintendents of nurses mentioned, the following will participate: Miss Kathleen Russell, Director, Department of Public Health Nursing, University of Toronto and Nurse Member of the Joint Study Committee; Miss R. Simpson, Director of Public Health Nursing, Provincial Department of Health, Regina, Sask.; Miss Jean E. Browne, Director of Junior Red Cross of Canada, and Nurse Member of the Joint Study Committee; Miss E. K. Connor, Director of Health Education, Normal School, Edmonton, Alta.

### O.H.A. Welcomes New Member

Through "The Canadian Hospital Journal" the Ontario Hospital Association extends a welcome to a new member—St. Joseph's Hospital, North Bay. The steady increase in the membership of this Association is something to marvel at. It is also a tribute to the indefatigable energy of the various officers who have, from year to year, directed the policy and activities of the Association.

*Please refer to THE CANADIAN HOSPITAL when writing*

Among Those Who Will Discuss the "Survey of Nursing Education in Canada" at the Canadian Nurses' Association Convention at St. John, N.B. in June



MISS JEAN I. GUNN,  
Superintendent of Nurses, Toronto  
General Hospital.



MISS K. ELLIS,  
Superintendent of Nurses, Winnipeg  
General Hospital.



MISS MURIEL McKEE,  
Superintendent, Brantford General  
Hospital.

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It has the high natural viscosity of a naphthene oil, particularly desirable for internal use. A thin oil passes too quickly through the system and is apt to cause "leakage." Squibb's has just the right viscosity for effective lubrication,

without being too heavy to be palatable. It contains no paraffin, no inorganic matter, no organic sulphur-compounds, anthracenes or other injurious hydrocarbons.

Squibb Liquid Petrolatum is odorless and tasteless. Patients find no objectionable "oily" taste in swallowing it. And scientific methods of refining keep it always uniform in quality.

For those who find it difficult to take an oil of any kind, Squibb Liquid Petrolatum with Agar affords similar advantages in the form of a pleasant-tasting emulsion, containing 50% Squibb Liquid Petrolatum.



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# Recent Work on the Nutritional Value of Animal Protein Foods

## Minerals and Vitamins in Animal Protein Foods

### PART I

By C. ROBERT MOULTON,  
Director, Institute of American Meat Packers

**M**ANY important investigations on the nutritional value of animal protein foods have been reported during the past seven or eight years. A summary by Mitchell (*The Place of Proteins in the Diet in the Light of the Newer Knowledge of Nutrition*, H. H. Mitchell, Amer. J. Public Health 13, 1923, 17) is rather complete up to 1923. This paper covers the most important work reported since that time.

#### Iodine Content of Sea Foods

The interest in goiter and its prevention and cure have turned the attention to foods as a source of iodine. Sea foods are of especial value in this respect. Tressler & Wells have made a study of the iodine content of sea foods. (*Iodine Content of Sea Foods*, D. K. Tressler and A. W. Wells, U. S. Bureau of Fisheries, Document 967, 1924). They have shown that marine fish and shell fish contain much more iodine than fresh-water fishes and that marine fishes, mollusks, and crustaceans contain a higher percentage of iodine than other common foods. Oysters, clams, and lobsters contain more iodine than other marine food with the exception of marine algae, which, unfortunately, do not enter into the dietary of many Americans. The following list of sea foods is arranged in decreasing order of the iodine content: marine algae; oysters, clams, and lobsters; shrimp; crabs and most ocean fishes; fresh water fishes, vegetables, beef, milk, etc.

The preserved fish and fishery products are also important sources of iodine. (*Iodine Content of Preserved Sea Foods*, A. W. Wells, U. S. Bureau of Fisheries, Document 979, 1924). The iodine content is comparable to that of the fresh fish. Fish roes are especially rich in iodine. The liquors surrounding canned shell fish also contain large amounts of this important mineral element. The fish meals studied were about equal to the fresh fish from which they were made.

Canned salmon is an important source of iodine. According to Jarvis, Clough and Clark (*Iodine Content of Pacific Coast Salmon*, M. D. Jarvis, R. W. Clough, and E. D. Clark, University of Washington, Publications in Fisheries 1, No. 6, 1926, 109), canned salmon contains more iodine than milk, meat, vegetables and cereals. The iodine content varies with the species and by the districts from which they were taken within the species. Salmon is recommended as a prophylactic for goiter. The fat parts of the fish are richest in iodine, and the melt and roe are especially rich.

It has been known for some years that iron in foods or in medicinal form was of value to the animal body in

building red blood cells. A few qualitative differences were noted, but, generally speaking, foods were of value in this respect in proportion to their iron content. Entire wheat, almonds, egg yolk, oatmeal, dried beans, dried peas, prunes and spinach ranked very high in the scale. The green vegetables as a class, although lower in iron content, were held to be of great value in this respect. Lean meat was known to have an iron content somewhat below that of whole egg and spinach. The iron content of milk was known to be very low, but was believed to be of very high quality.

Until very recent years the attitude of conservative experts toward the value of meat as a source of iron is very well represented by the following statements quoted from a recent addition of a standard text (*Chemistry of Food and Nutrition*, H. C. Sherman, The MacMillan Co., New York, 1918, pp. 303 and 307; 1926, p. 347) on the chemistry of food and nutrition: "The iron of meat . . . is largely due to the blood retained in the muscular tissue. The nutritive value of blood is often questioned." However, there has been accumulating a mass of data which makes it necessary to examine the evidence and to reformulate conclusions.

The rather small amount of data collected by Sherman (*loc cit.* 1926, p. 343) showed that the iron content of fresh lean beef was about 0.00375 per cent, and that 100 grams of the fresh meat would contain about three milligrams of iron. On this basis whole egg contained three milligrams, egg yolk 8.6 milligrams, entire wheat five milligrams, white flour one milligram, dried beans seven milligrams, spinach 3.6 milligrams, and a number of other foods from one down to 0.2 milligrams. No satisfactory data existed for other meats.

The need for information concerning the iron content of various meats and other edible parts of meat animals has recently been met by the work of Forbes and Swift (*The Iron Content of Meats*, E. B. Forbes and R. W. Swift, J. Biol. Chem. 67, 1926, 517-521) working at The Institute of Animal Nutrition at the Pennsylvania State College. Their very careful work has shown that pork and lamb have about as much iron as spinach and whole egg, while beef and veal have but slightly less than whole egg and about two-thirds as much as spinach. On the other hand veal kidney and beef heart and brain contain about twice as much iron as the muscle meats of these animals. Beef liver was shown to contain about as much iron as egg yolk, while beef spleen and beef kidney were shown to contain one and a half and two times as much iron, respectively, as does egg yolk. These values establish the quantitative relations of meats, and especially the edible glands to other iron-containing foods.



Elvehjem and Peterson (The Iron Content of Animal Tissues, C. A. Elvehjem and W. H. Peterson, J. Biol. Chem. 74, 1927, 433) have also reported some extensive work on the iron content of meats. Some of their results, together with those of Forbes and Swift, are given in the accompanying table.

| Iron Content of Fresh Beef Tissues |                   |              |
|------------------------------------|-------------------|--------------|
| KIND OF TISSUE                     | PER CENT. IRON    |              |
|                                    | Elvehjem-Peterson | Forbes-Swift |
| Bone marrow .....                  | 0.0009            |              |
| Brain .....                        | 0.0023            | 0.0053       |
| Heart .....                        | 0.0048            | 0.0044       |
| Kidney .....                       | 0.0055            | 0.0188       |
| Liver .....                        | 0.0083            | 0.0082       |
| Lung .....                         | 0.0122            |              |
| Pancreas .....                     | 0.0060            |              |
| Spleen .....                       | 0.0089            |              |
| Round .....                        | 0.0041            | 0.0025       |
| Loin .....                         | 0.0037            | 0.0025       |

The iron content of beef muscle itself would appear to be now well established at close to 0.0035 per cent.

Since the edible glands are of such interest in connection with anemia Elvehjem and Peterson did further analyses and report the result shown herewith.

| Iron Content of Spleen, Liver and Kidney |                |
|------------------------------------------|----------------|
| TISSUE                                   | PER CENT. IRON |
| Spleen, beef .....                       | 0.0091         |
| Spleen, calf .....                       | 0.0255         |
| Spleen, hog .....                        | 0.0294         |
| Liver, beef .....                        | 0.0083         |
| Liver, calf .....                        | 0.0054         |
| Liver, hog .....                         | 0.0250         |
| Kidney, beef .....                       | 0.0057         |
| Kidney, hog .....                        | 0.0059         |

#### The Quality of Iron in Meats

Since Sherman has questioned the value of the iron in meats this subject will be dealt with here. That the iron in meats is not primarily due to the presence of blood hemoglobin has been shown by Dean G. H. Whipple of the University of Rochester, and more recently by Dr. J. L. Hall of Kansas State Agricultural College (unpublished results). Both of these investigators have shown that the hemoglobin of red muscle is a muscle hemoglobin and that the addition from the blood hemoglobin is always small. Further, the work of Whipple and his associates, Minot and Murphy of Harvard Medical School, and others in cases of simple, severe, and pernicious anemias has shown liver, kidney and meat to be of the greatest value in restoring hemoglobin to the blood.

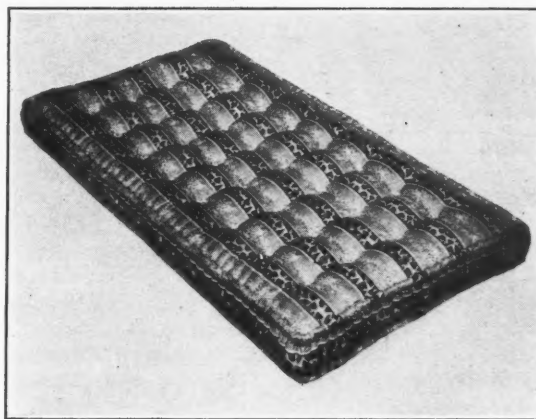
Forbes and co-workers (A Study of the Utilization of the Iron of Meats as Compared with Other Protein Foods, R. C. Miller, E. B. Forbes, and C. V. Smythe, Jour. of Nutrition 1, 1929, 217) have directly attacked the problem by comparing meats, milk, egg, beans and other foods as sources of iron for growing rats. The iron content of the bodies of rats receiving meat foods was normal. The iron content of the rats receiving egg was much lower. With milk the iron content was about half that found in normal animals.

#### Vitamins in Fish and Shellfish

Oysters and the livers of many fish seem to stand high as a source of certain vitamins. Oysters have been shown

(Continued on page 42)

## "Scientific" Comfort

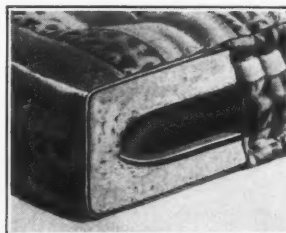


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*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

GRAVENHURST, ONT.—The contract for extensive additions to the Gage Building of the Muskoka Hospital for Consumptives has been let to Wells and Gray, Limited, of Toronto. Construction is now under way. The new building will cost over \$150,000 and will contain five floors with accommodation for 100 patients. The ground floor will be occupied by physicians, operating room, X-Ray department and other services. The cost will be borne by the Provincial and Federal Governments and the City of Toronto. When completed in July the institution will provide accommodation for 440 patients in all and will give additional employment to 15 nurses and 25 employees. The architects for the new building are Oxley and Chapman of Toronto.

\* \* \*

HAILEYBURY, ONT.—Active work on the addition and alterations to the Misericordia Hospital has commenced. It will be recalled, no doubt, that an arrangement has been made between the Sisters of Misericordia and the Pro-

vincial Government whereby the hospital will be converted into a sanatorium. Twenty-five beds will, however, be reserved for hospital purposes. This institution will serve a large district bounded by North Bay, Hudson Bay, Quebec and Hearst. Plans call for an expenditure of more than \$100,000.

\* \* \*

KAMSACK, SASK.—Miss Cecile N. Watson is in charge of Kamsack's new private hospital. The new hospital is located in a spacious residence opposite the Kamsack General Hospital, which has been privately operated by Mrs. E. M. Russell for some years. Miss Watson is a graduate of the Grey Nuns' Hospital at Regina. The new institution will be known as Victoria Hospital.

\* \* \*

LONDON, ONT.—One wing of the new section of the London General Hospital, containing from 25 to 30 beds, will be set aside for the establishment of the London Cancer Clinic, according to a recent announcement. It is understood that the Provincial Government will furnish the equipment.

\* \* \*

LONDON, ONT.—Lord Bessborough will pay his first official visit to London on May 26th, when he will formally open the new wing of the Byron Sanatorium.

\* \* \*

MONTREAL, P.Q.—Announcement has been made of a gift of \$25,000 to McGill University for study and research on cancer. It is expected that a large part of this money will be used to establish an outdoor cancer clinic at the Royal Victoria Hospital.

\* \* \*

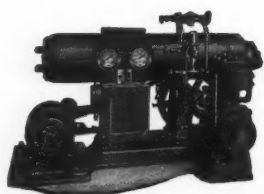
MONTREAL, P.Q.—Dr. J. C. Meakins, physician-in-chief at the Royal Victoria Hospital, has accepted an invitation to deliver a series of lectures at the University of California. The lectureship was founded about two years ago.

\* \* \*

MONTREAL, P.Q.—Completion of the new \$300,000 Grace Dart Home Hospital on Sherbrooke Street East will require the removal of patients and staff at a near date. Miss Winnifred Roper is superintendent of this institution.

\* \* \*

MONTREAL, P.Q.—Miss Inez M. Baylis has been appointed librarian-in-chief of the Royal Victoria Hospital.



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*Please refer to THE CANADIAN HOSPITAL when writing*

MONTREAL, P.Q.—At the annual meeting of the governors of the Homeopathic Hospital, of which Dr. A. R. Griffith is medical superintendent, it was announced that a social service department was inaugurated during 1931, and that tentative plans had been drawn up for a new nurses' home which is urgently needed. A resolution of appreciation was brought in for presentation to Miss Helen Pollock, retired superintendent of the hospital, for her 20 years of devoted service. The new superintendent is Miss B. M. Hadrill.

\* \* \*

MONTREAL, P.Q.—Plans have practically been completed for the new five storey building which will house the Montreal Convalescent Home. Construction of this \$250,000 structure is expected to commence shortly. Plans call for a 100-bed institution of which 28 will be for private patients, the balance for semi-private and public patients. This hospital was established in 1914. Miss F. Tansey is its superintendent.

\* \* \*

NANAIMO, B.C.—A special meeting of the representatives of fifty local organizations was called recently by the hospital to discuss ways and means of overcoming the financial difficulties in which the institution finds itself. Of this number, thirty-seven sent representatives. The suggestion was put forward that each organization represented raise \$150, which would approximately wipe out the hospital's debt.

\* \* \*

ST. JOHN, N.B.—The physical therapy department of the St. John Public General Hospital will soon be ready for use. The hospital is reported to have had the busiest month in its history in February. A total of 637 patients were cared for, with as many as 42 on the waiting list. Authority has been given for equipping a third operating room, and it is reported that extra beds have been placed in the public wards.

\* \* \*

THE PAS, MAN.—Miss Marie Reine Fortier, R.N., who for the past two years has been employed at St. Anthony's Hospital as historian, has left for her home in the east. She is a graduate of St. Vincent's Hospital at Sherbrooke, P.Q. Miss Fortier's work at the hospital has been unique, two years of her time having been given gratuitously to the Sisters.

\* \* \*

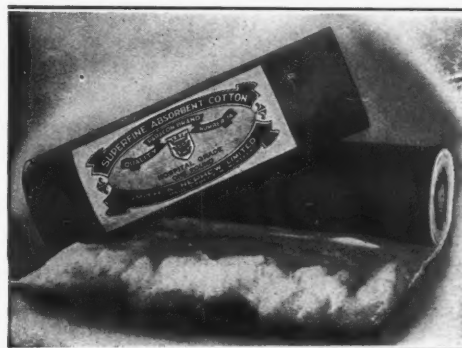
THE PAS, MAN.—St. Anthony's Hospital have accepted local druggists and dentists as associate members of the hospital staff. At a recent meeting the new associate members were called upon to speak, and all expressed their thanks for having been asked to become associated with the hospital.

\* \* \*

TORONTO, ONT.—A plot to rob St. Michael's Hospital of its \$5,000 payroll was foiled by police with the arrest of three men on March 3rd. The conspiracy to perpetrate what was described as "an inside job" was thwarted when police obtained advance warning.

(Continued on page 38)

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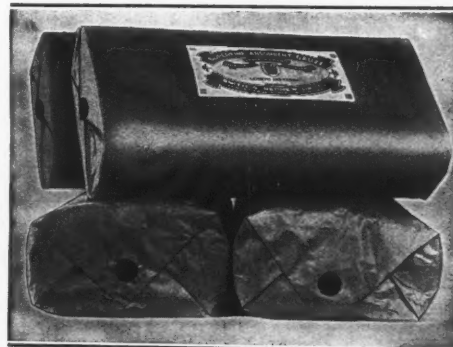
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### News of Hospitals and Staffs

(Continued from page 37)

TORONTO, ONT.—The relations between the medical profession and the hospitals were discussed in detail at a meeting of the Inter-relations Committee of the Ontario Medical Association on March 16th. Dr. F. W. Routley inaugurated the programme with an address stressing the special and essential functions to the community of small hospitals, and there was also discussion of the problems of this group.

\* \* \*

VANCOUVER, B.C.—The facilities embodied in a well-equipped hospital were described by Dr. H. W. Riggs, chairman of the Board of Directors of the Vancouver General Hospital at the annual meeting of the A.O.T.S. recently. The speaker, whose topic was "The Hospital and Its Relation to the Community," appealed for the support of the audience in solving the numerous problems which face the hospital.

\* \* \*

VANCOUVER, B.C.—At a meeting of the Nurses' Alumnae Society of the Vancouver General Hospital, held on March 1st, the subject discussed was "Shall we accept Orientals in our training school and our alumnae?" The speakers were Dr. A. K. Haywood, Dr. H. E. Young and Mr. Jack Djedall.

\* \* \*

WINDSOR, ONT.—Plans for a 50-bed addition to the Hotel Dieu Hospital are being prepared by Pennington & Boyde, Architects, on the instructions of the Mother Superior of the hospital. The cost of the extension will be in the neighbourhood of \$250,000. It is expected that the addition will make four new operating rooms available.

### Mr. G. E. Ducharme Receives Important Appointment

G. H. Wood & Co., Limited, have just announced the appointment of George E. Ducharme as their Eastern Divisional Manager, supervising the Province of Quebec and the Maritime Provinces, with main office and factory at Montreal. The Company also has branches at Quebec City and Halifax, which serve this territory, and are planning further branches in this area in the near future.

Mr. Ducharme was born in Winnipeg in 1895. He is a graduate of St. Mary's School and Provencher College. During the four years of the war and for two years afterwards he served in France, India and Egypt with the British Expeditionary Force, retiring in 1920 with the rank of Major. Since that time he has held important positions with Gutta Percha & Rubber Limited, the Standard Oil Company, and Beaver Laundry Machinery Company.

In making this announcement the Company adds that their staff throughout Canada has been increased by approximately 20 per cent, and that further increases are anticipated. It is quite refreshing to be able to publish such optimistic news with business conditions as they are.

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## The A.H.A. is Desirous of Increasing Its Canadian Membership

Because membership in the American Hospital Association does not conflict in the slightest with membership in provincial or other associations or with representation on the Canadian Hospital Council; because it is international in scope; because it functions as a clearing house of administration data and statistics to which there is always access, and because it is to the advantage of institutions and individuals to become members, this Journal heartily endorses the Association's desire to increase its Canadian membership.

More than usual interest in the Association's activities should be evinced at the present time, inasmuch as its members saw fit to choose Dr. George F. Stephens of Winnipeg as its President-Elect at the Toronto Convention last September. The Association has at various times honoured other Canadians, among them Dr. A. K. Haywood, Dr. Bell and Mr. Henry Rowland.

Active institutional membership is open to those institutions having direct responsibility for the care of patients and associate memberships to corporations or associations existing for the promotion of public health. Active personal membership is open to trustees, superintendents and members of the medical staff, and associate personal membership to the heads of various hospital departments and members of boards or associations interested in hospital work.

The dues are as follows:

|                                       |         |
|---------------------------------------|---------|
| For hospitals under 100 beds .....    | \$10.00 |
| For hospitals 100-250 beds .....      | 25.00   |
| For hospitals 250 beds and over ..... | 50.00   |

There is also an initiation fee of \$10.00, \$20.00 or \$30.00 for institutional members.

In addition there are associate institutional memberships to which no initiation fee is attached, the fees for which are \$10.00 per year.

Personal membership dues are \$5.00 a year and associate personal memberships \$3.00 a year.

Life membership is granted to qualified persons on the payment of \$50.00 for active membership and \$25.00 for associate membership.

Any hospital or individual who has had anything to do with the American Hospital Association knows of its value to hospitals. Without question its annual convention is of the utmost interest and benefit to all who attend. The commercial exhibits which are a feature of these yearly conventions are an education in themselves, and constitute the finest possible assemblage of the various articles of equipment, furnishings and supplies used in the construction and maintenance of hospitals. The Hospital Library and Service Bureau supplies hospitals all over the continent—and beyond the bounds of this continent, also—with valuable data on all hospital subjects.

Applications for membership may be made either to Dr. Bert Caldwell, Executive Secretary of the American Hospital Association, 18 East Division Street, Chicago, or to Dr. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association, 184 College St., Toronto, who is the Canadian member of the Membership Committee.

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**Canadian Hospital Council Represented  
at A.H.A. Conference**

Dr. George F. Stephens, Superintendent of the Winnipeg General Hospital, and President-Elect of the American Hospital Association, represented the Canadian Hospital Council at the First Annual Conference of the Board of Trustees of the American Hospital Association, which was held in Chicago from Feb. 15th to 17th, and which was attended by the presidents and representatives of national, provincial, regional and state hospital associations. This was the first conference of its kind in the history of the Association and was held "in response to the sentiment expressed at the Toronto Convention for the purpose of having a friendly and frank discussion of hospital problems and plans in the operation of which the American Hospital Association can be of greater service to the different hospital organizations throughout the continent and to the hospital field at large," to quote Mr. Paul H. Fesler, President of the American Hospital Association.

**Ontario Dietetic Association Notes**

The first all day meeting of the Ontario Dietetic Association was held on Friday, April 8th. During the morning session in the Department of Household Science, University of Toronto, papers were read by Dr. J. A. Gilchrist, "Some Phases of the Clinical Treatment of Diabetes," and by Dr. Alice Willard, "Some Recent Advances in Nutrition." During the luncheon at the Round Room, T. Eaton Company store, Kathleen Burns spoke on "Courses for Student Nurses."

The afternoon session was devoted to a tour of the Dietary Department of the Toronto General Hospital, with addresses by Mr. C. J. Decker, Dr. T. G. H. Drake and Miss Mame T. Porter. At the banquet in the Arcadian Court, Robt. Simpson Company store, A. L. Laird, V. M. Ryley, O. Cruikshank and Margaret McCready were the speakers.

Muriel Redmond, former Assistant Dietitian at the Robert B. Brigham Hospital, Boston, has been appointed Nutrition Worker on the staff of the Visiting Housekeepers' Association, Toronto.

**Concerning the Entrance of Interns  
Into the U.S.A.**

A letter has been sent to the Deans of all medical faculties by Dr. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association, advising them that enquiry at the American Consulate at Toronto elicits the information that alien medical interns who are to receive compensation for their services in hospitals in the United States are required to present immigration visas when applying for admission into that country. They are not required, however, to state their desire to become citizens of the United States as has been erroneously understood. Compensation is interpreted as including the

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small monthly allowance frequently given in hospitals. It is advised by the American Consul that Canadian graduates appear in person at their district consul office for preliminary examination as to their status under the immigration laws and regulations.

Where medical interns are unsuccessful in obtaining visas it is requested that this information be forwarded to the Department of State at Washington.

### Mr. Paul Fesler, President of the A.H.A. Goes to Wesley Memorial, Chicago

The Board of Trustees of the Wesley Memorial Hospital, Chicago, have announced the appointment of Mr. Paul Fesler, President of the American Hospital Association, as Superintendent, succeeding the late E. S. Gilmore, whose death occurred last September.

Mr. Fesler is well equipped to handle this large and important institution. He was formerly with Oklahoma University, and while there directed the construction of its medical centre. He has been prominently connected with legislative measures involving the welfare of crippled children. For the last five years Mr. Fesler has been superintendent of the University of Minnesota Hospitals. He assumes his new duties about May 1st.

### New Type of Mattress Designed Exclusively for Hospital Use

Products specially designed for a given purpose are much more likely to give satisfaction than a similar product merely adapted for that purpose. That is why hospital purchasing agents will be interested in a new air mattress which has just been designed for exclusively hospital use by Comfort Mattress & Feather Co., Limited, of Toronto.

This mattress is so revolutionary in construction that it is almost necessary to see it to appreciate all its refinements. However, this description may serve to indicate some of its new features at least. The inner section of the mattress consists of two layers of seamless rubber, vulcanized at the edges and for a distance of about one and one-half inches about the circumference of the eyelets through which the mattress is taped right through to prevent shifting, sagging and bulging. On the top and bottom of this rubber section are thick layers of white cotton felt. The mattress may be covered with a variety of ticking. In one corner of the mattress is a zipper, through which access to the valve is gained. This valve permits deflation or inflation of the inner rubber section by means of a small hand pump.

In other words, this mattress is immediately adjustable to the individual patient's comfort. Under any and all conditions the patient is buoyantly supported, with a perfect distribution of weight from head to foot, for the mattress cannot sag, shift or bulge. Its restful aspect will be particularly appreciated by patients suffering from bodily injuries and by those hospitalized for long periods.

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VERNON, B.C.—In aid of the Vernon Jubilee Hospital a most interesting exhibition of arts and crafts was held in a local shop. While pictures formed the largest and perhaps the most interesting section, needlework, basketry, carvings and miscellaneous novelties were included.

### Recent Work on the Nutritional Value of Animal Protein Foods

(Continued from page 35)

to be rich in vitamins A and B (The Vitamin Content of Oysters, D. B. Jones and J. C. Murphy, Proc. Soc. Expt. Biol. Med. 23, 1926, 519) and to contain good quantities of vitamin C. (The Antiscorbutic Factor in Oysters, Mme. Randoin, Compt. Rend. Acad. Sci. 177, 1923, 498 and The Nation's Health 6, 1924, 144). Mme. Randoin of the French Institute of Food Hygiene found oysters to be a preventive and a sure and rapid cure for scurvy.

John Malcolm has also shown (Trans. Proc. New Zealand Inst. 58, 1927, 167) that Stewart Island Oysters have vitamin A in quantity, while H. L. Russell, F. B. Morrison and W. H. Ebling of Wisconsin (Station Bull. 368) have demonstrated the presence of the antirachitic vitamin in canned oysters.

Jones and others of the U. S. D. A. have shown clams to be a good source of vitamins A and D (Ind. and Eng. Chem. 20, 1928, 648).

According to Prof. Schmidt-Nilsen (High Vitamin Value of Norwegian Bristling, Scandinavian Letter of C. A. Roth, Ind. and Eng. Chem. News Edition, April 10, 1927, p. 6). Norwegian herring, fresh or pickled, are rich in the vitamin A content of the fat. Norwegian sardines in oil—tinned bristling—eight years old contained quite a high vitamin A value. Both the oil in which the fish was packed and the sardine fat contained vitamin A. Small herrings packed as sardines are likewise satisfactory sources of vitamin A. The oil in which the fish are packed gets its vitamin content from the fish.

The vitamin D content of fish livers has been studied at the University of Wisconsin. The workers there have shown (Fish Liver as a Vitamin-Rich Food, Wis. Agr. Expt. Sta. Bull. 373, 1925, 68) that the livers of Lake Michigan fish rank high in their power to heal rickets. The burbot and whitefish livers rank higher than trout liver. Chicken liver has a high concentration of vitamin D, while calf and beef liver are inferior in this respect.

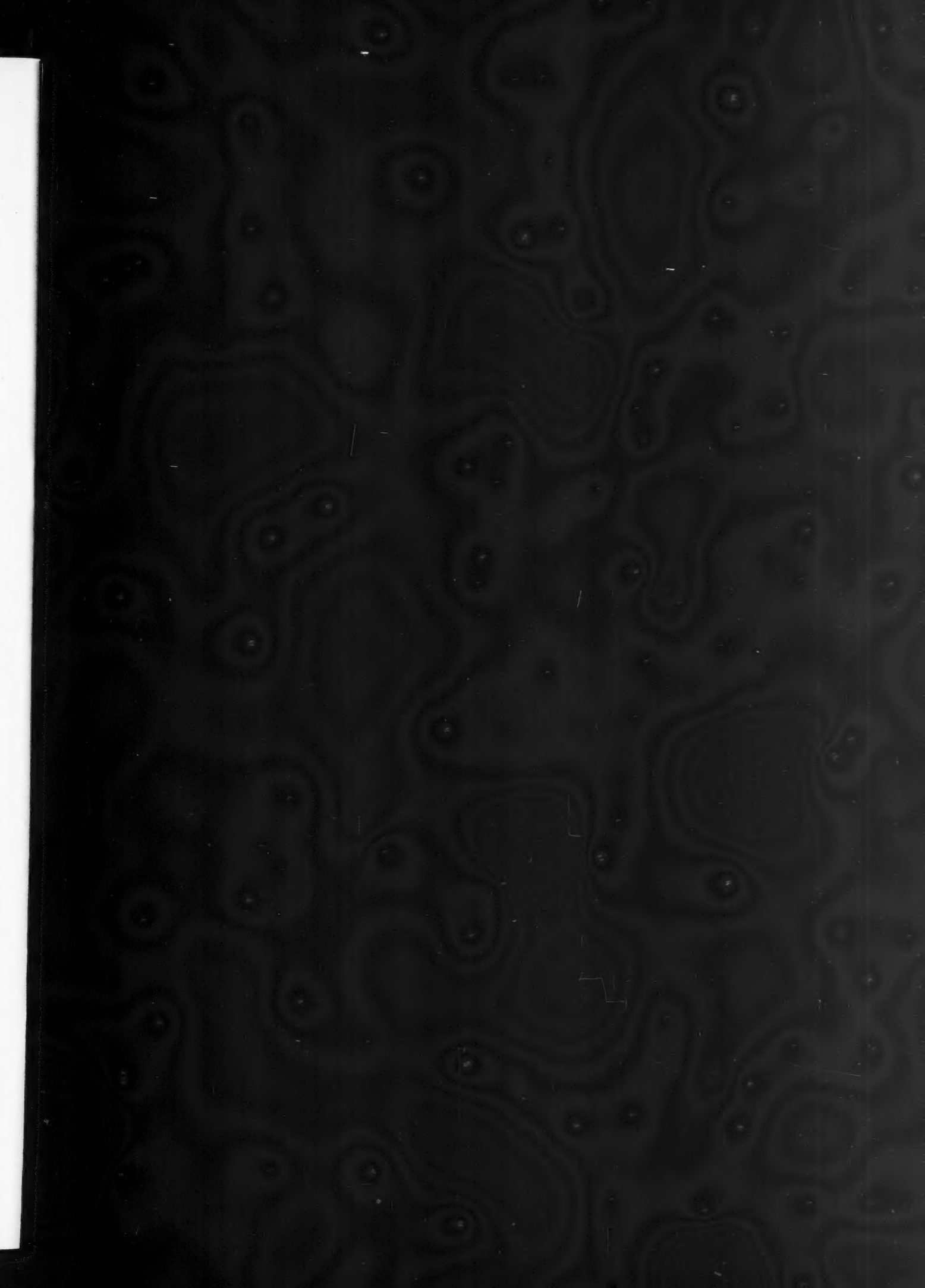
Fish livers are probably deficient in vitamin E since Sure (Dietary Requirements for Reproduction IX Cod Liver Oil Versus Wheat Oil as Sources of Vitamin E, Barnett Sure, J. Biol. Chem. 74, 1927, 45) has shown that cod liver oil is deficient in this vitamin.

Taking as his model of concise definitions that of the city of New Orleans, which defines a vehicle as "anything on wheels except a baby carriage." Robert Dwight Brown, M.D., writing in "Hospital Progress" defines physical therapy as "anything that can be done to a sick or disabled person to expedite his recovery except surgical procedures or the administration of medicine."

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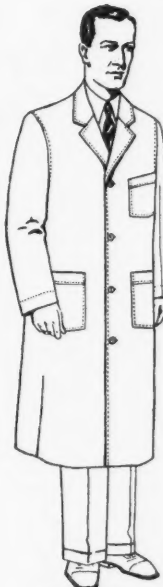


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Prices do not include Sales Tax, as same does not apply when garments shipped to Approved Hospital, under their purchase orders, bearing the required Sales Tax exemption certificate.

### SURGEON'S COAT

Style No. 215

A popular coat for making "rounds," also for clinics and laboratory use. Made of best quality bleached duck. Has lapel collar, three pockets and side openings to permit access to inner pockets when coat is buttoned, pointed cuff on sleeves, detachable buttons. Length about 46 inches. Price \$27.00 per doz.



Style No. 105-161

### ORDERLY'S COAT

Made of good quality duck, striped, medium high collar, three pockets, 5 detachable buttons, neat pointed cuff on sleeve. Price \$20.00 per dozen.

Made in Canada by  
**CORBETT-COWLEY**  
Limited

690 King St. W., TORONTO

1032 St. Antoine St., MONTREAL

Prices Subject to Change Without Notice

Please refer to THE CANADIAN HOSPITAL when writing

## FAST

Setting  
(3-6 minutes)

## SLOW

Setting  
(10-18 minutes)

as required  
for the case

## ORTHOPLAST

continues to "set the pace" as the Plaster of Paris Bandage, meeting the specifications of sound orthopedic practice, with Johnson & Johnson dependability, for which as usual . . . you pay no premium.

### Here you have:

- 1—a special surgical crinoline bandage (32 x 28 threads per inch)
- 2—with serrated edges that *will not* ravel
- 3—spread with Plaster of Paris—evenly and accurately—so that
- 4—water penetrates the Plaster of Paris rapidly—but will not wash it out of the mesh
- 5—each bandage protected by individual wax paper wrapper—but
- 6—supplied in the economical sealed air-tight tin holding one dozen—fast-setting or slow-setting—(one kind only to the tin.)

### SIZES

- 2", 2½", 3" - in the 3 yard lengths  
4", 5", 6", 8" - in the 5 yard lengths



HOSPITAL DIVISION

Johnson & Johnson Limited  
MONTREAL CANADA



